



INTERNATIONAL DEVELOPMENT IN PRACTICE

Planning National Telemedicine and Health Hotline Services

A Toolkit for Service Providers Working
with Governments

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**A Toolkit for Service Providers
Working with Governments**

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Glossary

This toolkit uses the terms *telehealth* and *telemedicine* interchangeably, as they are used in peer-reviewed work.

Telehealth or telemedicine:

Delivery of health care services, where patients and providers are separated by distance. Telehealth uses ICT (information and communications technology) for the exchange of information for the diagnosis and treatment of diseases and injuries, research, and evaluation, and for the continuing education of health professionals. Telehealth can contribute to achieving universal health coverage by improving access for patients to quality, cost-effective, health services wherever they may be. It is particularly valuable for those in remote areas, vulnerable groups and ageing populations. (WHO 2016)

Health hotline: A continuously managed telephone or communication service for individuals to communicate with professionals who answer questions about general health or disease or provide resources for individuals experiencing crises (impending suicide, poisoning, domestic violence, rape, and drugs, among others) (O’Toole 2005).

Solution: The *what* needed and the *how* required to solve a defined problem. The components that make up a solution can include a combination of processes, products, principles, organization, tools, metrics, and collaboration that provides the functionalities needed to solve a defined problem. For the purposes of this toolkit, the solution is the combination of elements that make up the government’s chosen telemedicine or health hotline services (VillageReach 2021).

Service provider: A vendor that provides solutions or services to end users and organizations.¹ For the purposes of this toolkit, such vendors could be mobile network operators, organizations providing telemedicine or health hotline services, or organizations providing technical software or additive elements (WhatsApp, interactive voice response, and so on).

NOTE

1. See <https://www.techopedia.com/definition/22021/service-provider>.

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Main Messages

The coronavirus (COVID-19) pandemic has illustrated that many countries still lack the necessary primary health care system to support their populations, as well as efficient ways to quickly disperse and collect health information. Although many countries worked with local mobile network operators and other partners to assist with immediate COVID-19 information and reporting needs, governments throughout the world, regardless of economic status, have identified the need for robust digital health care solutions. Telemedicine or health hotline services allow people to receive accurate and timely health information, and to make informed decisions on when to seek treatment. The ability to provide health information and care remotely also reduces the number of patients health workers see in person, which increases those workers' capacity to serve their communities. These services therefore extend the reach of the health care system, improve efficiencies in it, and enhance the quality of care it provides (PAHO 2016).

Health services that are stewarded by government and embedded into public health systems are more likely to sustain impact at scale. Despite telemedicine's demonstrated positive impact for more than 60 years, however, few nationally scaled telemedicine or health hotline services exist—and even fewer are government owned. Many digital health solutions are set up for emergency response or with donor funding but are never embedded within government systems and budgets. Many solutions fail, despite effectiveness or impact, because they were developed without government input and without a plan for government to eventually steward the solution.

Although government stewardship of solutions is critical, governments also need private sector partnerships to help with implementation, scale, and eventual sustainability. When the private sector and government work together, it can lead to major advances in health services that reach more communities.

This toolkit builds on existing evidence to help service providers work with governments to establish nationwide telemedicine or health hotline services. Although these services can be set up quickly, the steps included in this toolkit are for service providers committed to having long-term sustainable services embedded in the public health system.

For the success of national-scale telemedicine and hotline services in the public sector, service providers must emphasize the following four key areas.

First, service providers must engage with government on an ongoing basis. Although this engagement can begin at any stage, governments may approach service providers during their scoping and design process when conducting a landscape analysis of potential in-country services. Successful engagement with the public sector requires an understanding of the challenges of such engagement; knowing whom to engage in government, and what their priorities, processes, and planning and funding cycles are; knowledge of how best to collaborate; and an engagement strategy that takes all the above into account.

Second, service providers must provide support for the government's five-year strategy and one-year road map. Doing so means knowing how to contribute to coordination across department ministries and partners, and how to provide support for sustainability (five-year strategy) and implementation (one-year road map) planning. The government may ask some service providers, mainly mobile network operators, to participate in these planning sessions; being prepared for these engagements is important for understanding the government's needs and goals for the service and how a service provider may need to tailor its services accordingly.

Third, service providers must understand technical considerations and produce a winning and realistic proposal and cost estimate. Once a government has issued a tender for telemedicine or hotline services, service providers must understand what it takes to bid successfully, which involves thinking through functional and technical considerations such as technological designs that enable easy adoption and sustainability by the government, cybersecurity, regulatory compliance, infrastructure needs, connectivity requirements, data privacy, interoperability, and system maintenance and integration. It also includes assessing demand, and therefore staffing needs, as well as the target audience for the telemedicine service. Further, a successful bid must take into account the government's rules for tendering and contracting, key indicators used to assess the service, and sustainability.

Fourth, service providers must ensure ongoing success of the solution. Service providers must understand what types of contractual arrangements the government would offer for implementing a nationwide telemedicine or health hotline service. Additionally, service providers may face issues around areas like invoicing payments and must be aware of potential mitigating actions they can take once officially contracted. Further, they must agree with the government on an implementation plan that covers key indicators, quality assurance measures and metrics, risk identification and mitigation, staffing and key responsibility of staff members, and an established cadence of updates.

Carefully considering and addressing all four key areas and their nuances and specifics as detailed in this toolkit are critical for positioning the service provider for success when setting up and running a national-scale telemedicine service in the public sector.

REFERENCE

PAHO (Pan American Health Organization). 2016. *Framework for the Implementation of a Telemedicine Service*. Washington, DC: PAHO. https://iris.paho.org/bitstream/handle/10665.2/28414/9789275119037_eng.pdf?sequence=6&isAllowed=y.

Abbreviations

CCPF	Chipatala Cha Pa Foni
COVID-19	coronavirus
HCBP	Health Center by Phone
MNCH	maternal, newborn, and child health
MNO	mobile network operator
PSE	public-private sector engagement
RFP	request for proposal
RFQ	request for quotation
SLA	service-level agreement
SOP	standard operating procedure
SRH	sexual and reproductive health

Overview

For many low- and middle-income countries, digital health solutions offer the best way to increase community access to health information and care. This fact became even more apparent during the coronavirus pandemic, when countries with low ratios of health care workers to population—and large populations that do not live close to a health center—needed better ways for their citizens to access health services. In many countries, telemedicine and health hotline services have played an important role in filling these access gaps, which can present private sector providers with opportunities for growth. When the private sector and government work together, it can lead to major advances in health services that reach more communities. Just because a solution has an impact, however, does not mean it will be sustainable. To ensure that any solution sustains impact at scale, the government should lead it from the beginning and eventually regulate, and perhaps own, the solution, even if the government outsources all or parts of it to service providers.

This toolkit is designed for software or call center service providers interested in working with a government to establish nationwide telemedicine or health hotline services. Service providers using this toolkit—those interested in providing services to the public—could include call center service providers, teleconferencing software providers, data centers or data-hosting providers, interactive voice response providers, hotline and reference software providers, software support service providers, and mobile network operators (MNOs). The overview sections are designed for service provider managing directors or country directors to determine how to set up these services with the public sector. The tools are designed for the service provider staff who will engage directly with the government during implementation. Although several ways exist for service providers to get involved in developing nationwide telemedicine or health hotline services, the activities in this toolkit are based on VillageReach's experiences working with governments and service providers in the Democratic Republic of Congo, Kenya, Malawi, and Mozambique. The toolkit draws heavily on VillageReach's experience in Malawi working with the Malawi Ministry of Health to establish one of Sub-Saharan Africa's first government-owned nationwide health hotline services, Chipatala Cha Pa Foni, or Health Center by Phone (<https://www.youtube.com/watch?v=hzPR8A3yQc4>).

This toolkit focuses on health hotlines and telemedicine, specifically on telemedicine systems used for primary care services rather than those for specialized care, such as tele-dermatology, tele-oncology, and others. It builds on the Pan American Health Organization/World Health Organization *Framework for the Implementation of a Telemedicine Service* (PAHO 2016) (https://iris.paho.org/bitstream/handle/10665.2/28414/9789275119037_eng.pdf?sequence=6&isAllowed=y). This toolkit supplements *A Toolkit for Governments Planning National-Scale Telemedicine or Health Hotline Services* (World Bank 2023).

The toolkit has four thematic sections:

1. Engage with the government (chapter 2).
2. Provide support for the government's five-year strategy and one-year road map (chapter 3).
3. Understand technical considerations, and produce a winning and realistic proposal and cost estimate (chapters 4 and 5).
4. Ensure ongoing success of the solution (chapters 6 and 7).

The first section can be used at any time because government engagement is an ongoing activity. The second section should be used before the government releases a request for proposal (RFP) or request for quotation (RFQ). The third section helps service providers that want to respond to the RFP/RFQ, and the fourth section provides information for service providers to use once the government has selected them as partners.

Engage with government. This first section focuses on building successful public-private partnerships. Activities can be done at any time; however, the government may approach service providers during Phase 1 (scope and design solution) when conducting a landscape analysis of potential in-country services (see figure 1.3 later in the chapter). This section addresses common challenges with government engagement; how to develop a strategy for engaging with the public sector; how to identify multiple key stakeholders throughout the government (not just one focal point) and understand government structure, planning, and budget cycles; and how to assess the service provider's experience and skills in collaborating with government.

Provide support for the government's five-year strategy and one-year road map. This section discusses some of the important activities the government will undertake in Phase 2 (develop strategy, implementation road map, and budget). It includes how to contribute to coordination across department ministries and partners, and how to provide support for sustainability (five-year strategy) and implementation (one-year road map) planning. Some service providers, mainly MNOs, will be asked to participate in these planning sessions. The two planning documents will provide important information to help the service provider understand the government's needs and goals for the service and to understand how the provider may need to tailor its services accordingly.

Understand technical considerations and produce a winning and realistic proposal and cost estimate. This section aims to help service providers once the government releases an RFP/RFQ. It provides tips for developing a compelling proposal using evidence, impact, and costing data. A strong response to the RFP/RFQ will also require thinking through functional and technical considerations, such as technological designs that enable easy adoption and sustainability by the government, cybersecurity, and system maintenance and integration.

Ensure ongoing success of the solution. This section is intended to help service providers selected by the government and in contract negotiations. It helps service providers understand what types of contractual arrangements the government may offer for implementing a nationwide telemedicine or health hotline service. It also covers some issues service providers may face with invoicing payments, and potential mitigating actions they can take once officially contracted.

Beyond the information and activities provided in this toolkit, one of the best ways for service providers to learn about best practices, challenges, and sustainable approaches to working with governments is to talk to other service providers with experience contracting with the same government.

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- World Bank. 2023. *A Toolkit for Governments Planning National-Scale Telemedicine or Health Hotline Services*. Washington, DC: World Bank.

Introduction

The coronavirus (COVID-19) pandemic has illustrated that many countries still lack the necessary primary health care system to support their populations, as well as efficient ways to quickly disperse and collect health information. Although many countries worked with local mobile network operators (MNOs) and other partners to assist with immediate COVID-19 information and reporting needs, governments throughout the world, regardless of economic status, have identified the need for robust digital health care solutions. Telemedicine or health hotline services allow people to receive accurate and timely health information, and to make informed decisions on when to seek treatment. The ability to provide health information or care remotely also reduces the number of patients health workers see in person, which increases those workers' capacity to serve their communities. These services therefore extend the reach of the health care system, improve efficiencies in it, and enhance the quality of care it provides (PAHO 2016).

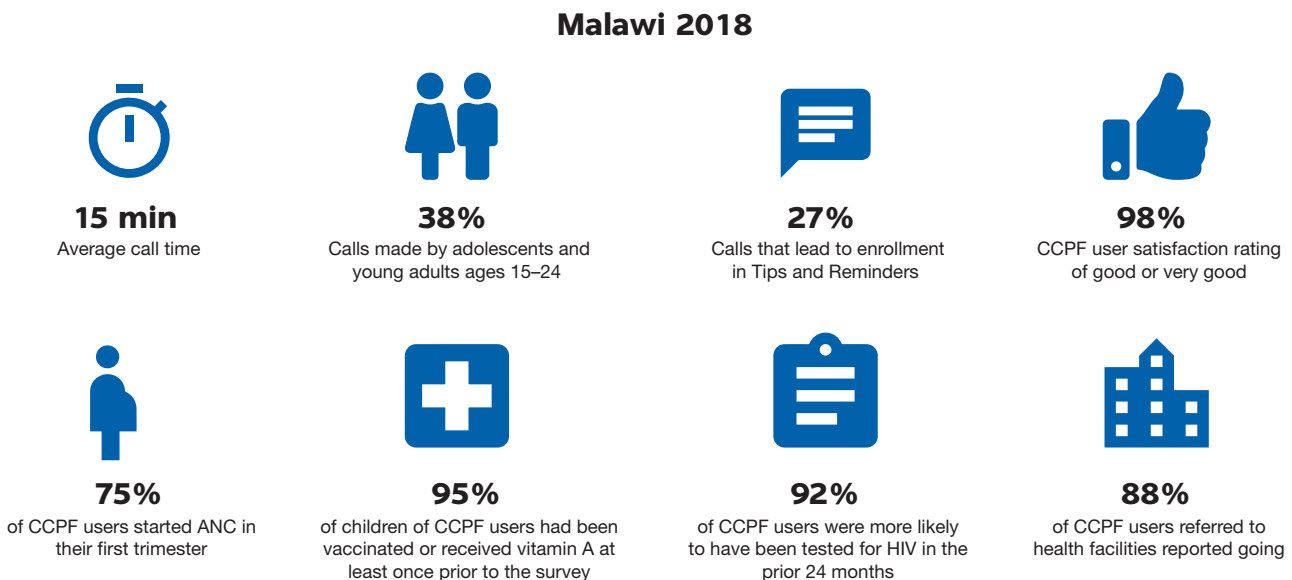
Health services that are stewarded by government and embedded into public health systems are more likely to sustain impact at scale. Despite telemedicine's demonstrated positive impact for more than 60 years, however, few nationally scaled telemedicine or health hotline services exist—and even fewer are government owned. Many digital health solutions are set up for emergency response or with donor funding but are never embedded within government systems and budgets. Development of these solutions without government input and without a plan for government to eventually steward the solution often leads to their failure, despite effectiveness or impact.

Despite the critical importance of government stewardship of solutions, governments also need private sector partnerships to help with implementation, scale, and eventual sustainability. When the private sector and government work together, it can lead to major advances in health services that reach more communities.

This toolkit builds on existing evidence to help service providers work with governments to establish nationwide telemedicine or health hotline services. Although these services can be set up quickly, the steps included in this toolkit are for service providers committed to having long-term sustainable services embedded in the public health system.

This toolkit builds on the Pan American Health Organization/World Health Organization *Framework for the Implementation of a Telemedicine Service* (PAHO 2016) (https://iris.paho.org/bitstream/handle/10665.2/28414/9789275119037_eng.pdf?sequence=6&isAllowed=y), as well as VillageReach’s experience working with governments and service providers to establish these services in three countries. The Pan American Health Organization/World Health Organization framework provides a theoretical framework for successfully implementing telemedicine services in a country. That framework can be read before you use this toolkit, which then provides the actionable tools needed for planning and implementing services. In Malawi, for example, VillageReach codeveloped, established, and transitioned Chipatala Cha Pa Foni (CCPF, or Health Center by Phone) (<https://www.youtube.com/watch?v=hzPR8A3yQc4>) with the Ministry of Health (PAHO 2016; VillageReach 2019). CCPF is a free nationwide health hotline and messaging service that has been correlated with increased knowledge and health behaviors (https://www.villagereach.org/wp-content/uploads/2020/02/VR_CCPFImpactEval_FINAL.-2_24_20-1.pdf)—see figure 1.1 (VillageReach 2019, 2020). The Malawian government added CCPF to its health sector strategic plans and budgets—ensuring its sustainability—and formalized partnerships with service providers (both MNOs and technical software providers). Having this service in place also allowed the government to quickly adapt CCPF for its COVID-19 response, which experienced a call volume increase of 542 percent from February 2020 to March 2021. Figure 1.2 shows the geographic scope, health topics, and cost of CCPF over time. Costs increased in 2017, 2018, and 2019 because of technology upgrades and expansion nationwide. Once the technology upgrades were complete, the ongoing maintenance costs greatly reduced and were taken on by the government.

FIGURE 1.1
Demonstrated impact of Malawi’s Chipatala Cha Pa Foni, 2018

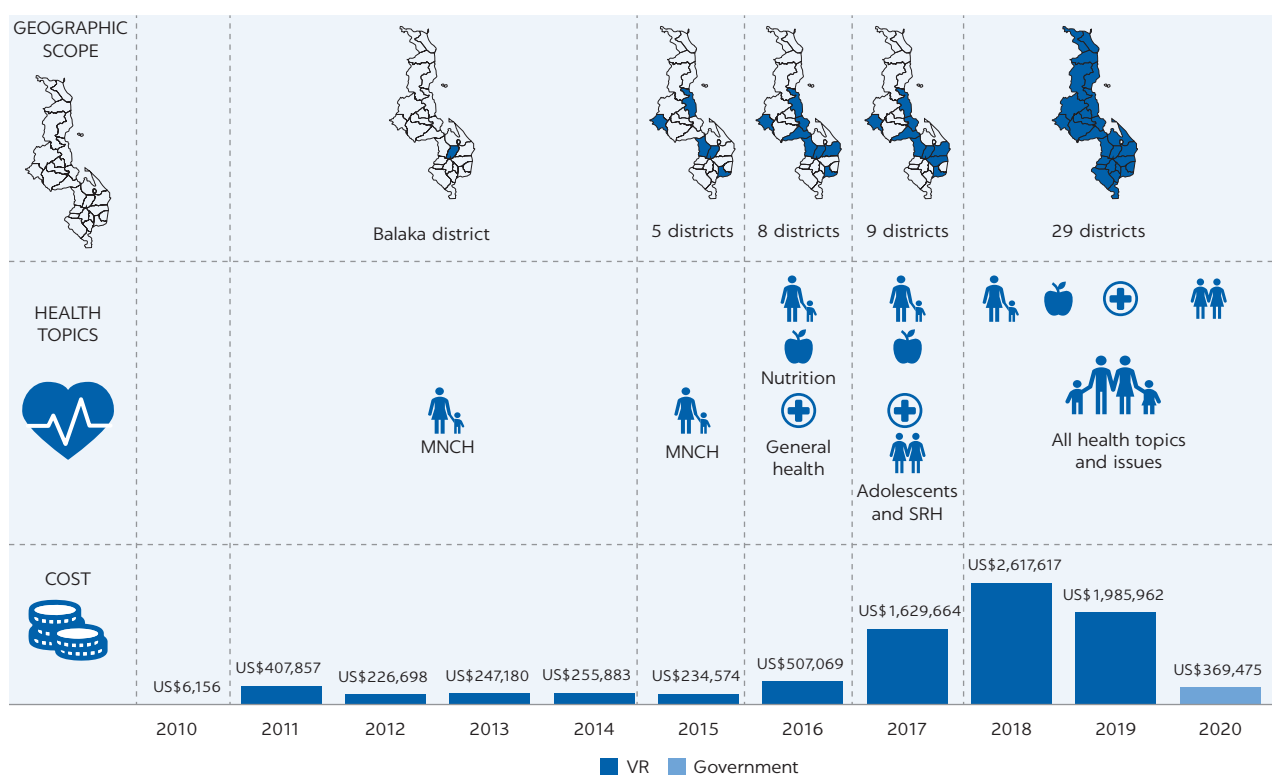


Source: Original figure developed for this publication.

Note: Chipatala Cha Pa Foni (CCPF) is also known as Health Center by Phone. ANC = antenatal care.

FIGURE 1.2

Malawi's Chipatala Cha Pa Foni geographic scope, health topics, and costs from inception through government ownership



Source: Original figure developed for this publication.

Note: Chipatala Cha Pa Foni is also known as Health Center by Phone. MNCH = maternal, newborn, and child health; SRH = sexual and reproductive health; VR = VillageReach.

PURPOSE AND SCOPE

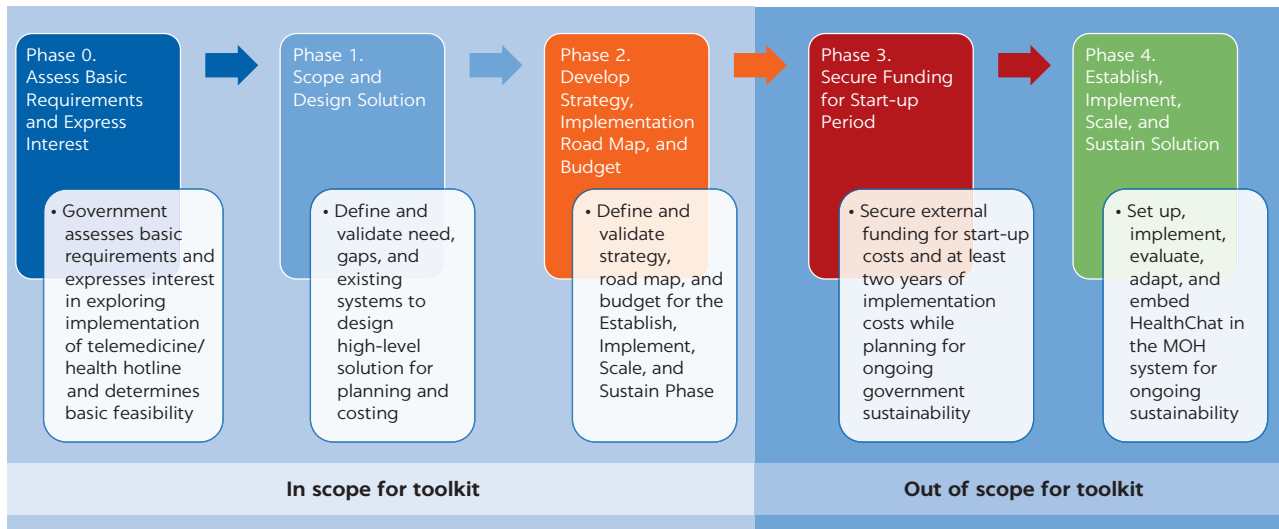
This toolkit will provide insight and hands-on tools to help service providers, particularly MNOs and software and call providers, work with governments in low- and middle-income countries to design and implement telemedicine or hotline services nationwide. Although not exhaustive, the toolkit does help service providers learn how to work with governments to mitigate common risks, such as spending significant time and resources discussing services with a government without being selected as a partner, becoming a partner but not getting paid, and being asked to do more than the contract specifies. This toolkit will help service providers be more prepared to engage and help operate nationwide telemedicine or health hotline services with the government both before and during a commercial relationship.

Although this toolkit is intended for solutions that directly serve the public, it also offers some insight into the benefits of solutions that serve members of the health workforce.

Service providers should consult the supplementary toolkit, *Planning National Telemedicine and Health Hotline Services: A Toolkit for Governments*, to understand the recommended government approach (World Bank 2023). Some materials in this toolkit reference the government toolkit, and others are accessible in both toolkits. This toolkit is not intended to guide service

FIGURE 1.3

Phases of telemedicine and health hotline planning and implementation



Source: Original figure developed for this publication.

Note: MOH = ministry of health.

providers in technical design, implementation, management, or operation activities.

Through this toolkit, service providers will gain insights on

- How government operates and partners with the private sector, and the best way to engage government partners;
- How to help governments in developing a sustainable plan for service implementation;
- What to consider when responding to a government's bid for services; and
- How to get started once selected by government.

Figure 1.3 shows the typical phases a government will follow when setting up a telemedicine or health hotline service. The sections of this toolkit have activities that overlap with those phases. Although service providers and governments typically do not sign formal agreements until Phase 3 (MNOs) or Phase 4 (other software/technology providers), a government may ask service providers to participate in earlier phases as it scopes the design and develops a strategy and budget for services.

INTENDED AUDIENCE

This toolkit is designed for service providers helping governments steward national-scale telemedicine or health hotline services. It is predominantly tailored for in-country service providers, but many of the practices and principles may be similar for international service providers. Service providers using this toolkit should be working with proven (existing with multiple implementations) technology and services. The overview sections are designed for service provider managing directors or country directors to determine how to set up their

services with the public sector. The tools are designed for the service provider staff who will engage directly with the government during implementation.

Establishing and running telemedicine or health hotline services involves a wide range of service providers across multiple sectors, including building infrastructure and providing security, hardware, and software. These providers can be further grouped according to the period of provision because some service providers are needed only once, some will be used as needed, and others will be needed on an ongoing or long-term basis. This toolkit focuses on service providers classified as software and call center service providers, typically those providing long-term services. The following list shows the types of service providers in scope for this toolkit:

- Call center service providers
- Teleconferencing software providers
- Data centers/hosting providers
- Interactive voice response providers
- Hotline and reference software providers
- Software support service providers
- MNOs

Each section of the toolkit identifies which tools apply to specific service providers.

HOW TO USE THE TOOLKIT

This toolkit has four thematic sections, each with corresponding chapters:

1. Engage with the government (chapter 2).
2. Provide support for the government's five-year strategy and one-year road map (chapter 3).
3. Understand technical considerations and produce a winning and realistic proposal and cost estimate (chapters 4 and 5).
4. Ensure ongoing success of the solution (chapters 6 and 7).

The first three sections all take place before a service provider has a contract in place with a government. The first section can be used at any time because government engagement is an ongoing activity. The second section applies to activities conducted before the government releases a request for proposal or request for quotation. The third section helps service providers respond to those government requests, and the fourth section provides information for service providers selected to partner with the government. Available tools within this toolkit are presented in annexes at the end of each corresponding chapter.

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National-scale system's real-world impact: Hawa's story

Hawa, age 20, rested in the recovery room of a district hospital in Balaka, Malawi. She had been living with a fistula for nearly three years after complications from obstructed labor while giving birth to her first child led to a C-section and a stillborn baby. Hawa was in labor for three days at her local health center, unable to deliver. Hawa's fistula condition isolated her from her community. Her husband left her, and she felt very alone. "When you have a fistula, you are stigmatized," Hawa said, looking at the floor.

Then, one day she received a text message that would change her life. It was from Chipatala Cha Pa Foni (CCPF), or Health Center by Phone. CCPF, a health hotline and message service originally run by VillageReach in partnership with Airtel and the Malawi Ministry of Health, is now operated and owned by the government. CCPF connected her with a fistula repair clinic and arranged for her transportation to the clinic for the surgery.

Hawa had her fistula surgery on October 14, 2017, at the Fistula Care Center at Bwaila District Hospital. After hearing of her story, more women have called CCPF looking for help with fistulas. CCPF has connected them with the Bwaila Fistula Foundation so that Hawa and many others now have access to the health information they need when they need it.

The private sector plays a critical role in CCPF and played a critical role in this success story. The service has always been free to users, with donors paying for the cost of the calls—and that cost was not sustainable for the government to take on long term. The government contracted with Airtel, which made calls free and provided the short code and free monthly advertising for the service to expand nationwide. Additionally, VillageReach and the Malawi Ministry of Health partnered with technology software providers to build out the hotline software. During the nationwide upgrades, VillageReach and the Ministry of Health worked with Viamo to replace and improve upon the existing software. The government now directly contracts with Viamo for ongoing system maintenance at a reduced cost and has a standing memorandum of understanding with Airtel. Airtel has also benefited from its role in CCPF because the increased number of callers to the hotline led to a request for new cell phone towers in areas that previously had low coverage.

VillageReach. 2020. "Impact Evaluation of Chipatala cha pa Foni (CCPF), Malawi's Health and Nutrition Hotline." Lilongwe, VillageReach Malawi. https://www.villagereach.org/wp-content/uploads/2020/02/VR_CCPFImpactEval_FINAL.-2_24_20-1.pdf.

World Bank. 2023. *A Toolkit for Governments Planning National-Scale Telemedicine or Health Hotline Services*. Washington, DC: World Bank.



Engage with the Government

A service provider approached by a government for a landscape analysis (during Phase 1), or a service provider intending to work proactively with the government, needs to understand how the government works, who the stakeholders are, and how to engage with them. This section provides insights on how the private sector can build a strategy for a successful public-private partnership. This relationship building can happen at any time.

Understand and Develop a Strategy for Government Engagement and Engagement with Other Partners

Chapter 2 helps service providers understand the major engagement challenges between sectors and understand how to overcome them for greater synergy in the telemedicine or health hotline ecosystem. It presents the following tools:

- *Public Health Engagement Strategy Worksheet (annex 2A)*
- *Telemedicine or Hotline Stakeholder Matrix (annex 2B)*
- *Service Provider Collaboration Mapping Tool (annex 2C)*
- *Service Provider Collaboration Experience Assessment Tool (annex 2D)*

UNDERSTAND PUBLIC-PRIVATE ENGAGEMENT CHALLENGES

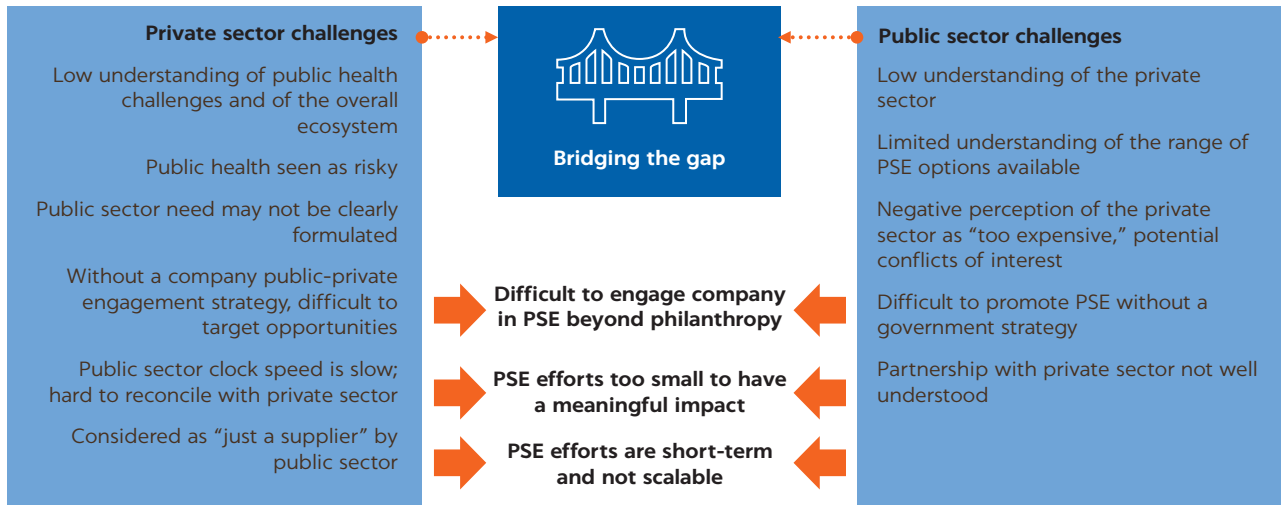
Although private sector engagement in public health has become more common, challenges often still exist. Figure 2.1 shows some common engagement challenges between the public and private sectors.

The key to overcoming these challenges is to understand the government's organization, processes, decision cycles, and financial management. To do so, it is important to have a strategy to engage with the public sector and to engage the government on an ongoing basis.

DEVELOP A STRATEGY FOR ENGAGING WITH THE PUBLIC HEALTH SECTOR

A service provider has both noncommercial and commercial options when seeking engagement with the public sector. Engagement options shown in table 2.1 will help service providers identify and review the best way to engage with government that also aligns with the company's goals and objectives. This discussion can be used to develop and get internal alignment on a public health engagement strategy. The service provider should use the Public Health Engagement Strategy Worksheet in annex 2A to document this strategy and

FIGURE 2.1
Public-private engagement challenges



Source: Original figure developed for this publication.
 Note: PSE = public-private sector engagement.

ensure alignment of the range of key company stakeholders, such as staff responsible for community relationships, marketing, and commercial development.

UNDERSTAND WHICH GOVERNMENT STAKEHOLDERS TO ENGAGE

Although service providers may have one point of contact in the government with whom they typically engage on contracts, it is important that they understand and can engage with all the key players involved in telemedicine or health hotline services. Critical stakeholders include various government ministries, departments, and regulatory bodies, as well as external stakeholders like mobile network operators, donors, and other potential partners. The Telemedicine or Health Hotline Stakeholder Matrix in annex 2B helps governments and service providers to understand which stakeholders are needed during the solution design, implementation, and scale phases.¹ Understanding the various government entities and their roles in the solution is critical because a service provider may have to work with several departments to get relevant and approved health content uploaded into their system. Service providers should also identify a focal point in each of the government departments and understand who the ultimate decision-maker is for service changes.²

UNDERSTAND HOW GOVERNMENTS WORK: STRATEGIC ALIGNMENT AND PROGRAMMATIC AND FISCAL CYCLES

Government systems can be complicated and highly bureaucratic, so knowing how government planning and fiscal cycles work can be critical for service providers looking to partner with the government. Although every government is different, the following statements are typically true:

TABLE 2.1 Service provider engagement options

NONCOMMERCIAL/CORPORATE SOCIAL RESPONSIBILITY	COMMERCIAL
Financial donation: Providing financial contributions to a government program.	Market expansion: Increasing sales of existing services by developing new geographical markets or increasing business in an existing market through provision of existing services to public health customers.
Service donation: Providing free or reduced cost services from the core business in support of public health.	New services: Creating new revenue streams within an existing business by developing new services for public health customers. Such services may be rolled out to other markets and industry verticals.
Technical assistance: Providing experts/ secondees for a certain period to meet skills/talent gaps identified by the public sector. Technical assistance typically focuses on providing coaching/training, project management, or deployment of technical solutions.	New business: Setting up a new business to provide services to public health customers. Typical drivers include the need to operate with lower operating costs, to use different channels to customers, or to access new financing models.

Source: Original table developed for this publication.

- *Overall:* Governments tend to hold health sector strategic planning in five-year cycles, but the development process can take over a year and overlap with the next strategic cycle. Telemedicine or health hotline services that do not align with the current five-year strategic plan will make it difficult for the government to allocate resources.
- *Strategic alignment:*
 - Services need to address health gaps that are important to the government. Learning about those gaps in advance, and potentially adjusting services, will help service providers win business.
 - Service providers can help contribute to government strategic planning by providing accurate impact data related to their services. The key to integrating new services into government strategic plans and budgets is to provide data on both impact and cost.
 - Although governments tend to have a five-year overall health sector strategic plan, different health areas (primary health, community health, HIV, and so on) will often have their own strategic plans that both adhere to and feed into the overall strategic plan.
- *Fiscal planning:*
 - Strategic plans are generally costed at a high level for the five-year cycle; then, each department in the ministry of health develops and approves a detailed budget each fiscal year.
 - Because yearly fiscal cycles differ by country, it is important to know what constitutes the government’s fiscal year.
 - Fiscal year budget planning typically occurs six months in advance of the next fiscal year start and is approved four to five months in advance of the fiscal year. Therefore, any telemedicine or health hotline services need to be included in the fiscal planning early enough to be incorporated into the budget.

ASSESS EXPERIENCE AND SKILLS IN COLLABORATING WITH GOVERNMENT

The private sector can engage with government in several ways, all of which require collaboration. After understanding what it means to engage—and whom

to engage—service providers should assess their previous collaborative experiences to see what they need to adjust moving forward. *Collaboration* is defined as working toward mutual objectives through the sharing of ideas, assets, information, knowledge, risks, and rewards. Collaborative relationships can deliver major benefits for both the private sector and the government partner.

The collaboration model guidance in table 2.2 provides an overview of three types of collaboration: transactional, cooperative, and coordinated. *Transactional* collaboration is used when the opportunity is limited to increasing the efficiency of interactions, such as simplifying ordering and receiving. *Cooperative* collaboration is used when achieving the performance targets of each partner requires jointly defined processes—typically the case when the service provider is responsible for an important component of a solution, such as information technology maintenance. *Coordinated* collaboration is used when jointly defined targets and action plans for cost, service, and quality are essential—typically when the service provider has responsibility for managing or operating part of the solution. Each type has varying levels of investments and benefits. Service providers are more likely to have transactional or cooperative collaboration with a government because coordinated collaboration requires a higher level of investment.

TABLE 2.2 Collaboration model guidance matrix

	TRANSACTIONAL <i>GOAL: EFFICIENT PLANNING AND ORDERING</i>	COOPERATIVE <i>GOAL: OPTIMIZED PERFORMANCE BASED ON JOINTLY DEFINED WAYS OF OPERATING</i>	COORDINATED <i>GOAL: CONTINUOUS IMPROVEMENT OF SERVICE, QUALITY, AND COSTS</i>
Examples	Private sector supplies software or equipment for a call center.	MNO provides zero-rated or subsidized calls in exchange for marketing visibility. Private sector provides and maintains all needed hardware and software.	Private call center sets up and runs the telemedicine or health hotline services.
Needed collaborative practices	<ul style="list-style-type: none"> Sharing project plans with contracted suppliers to inform suppliers’ planning Sharing of supply plans with government customer to inform call center plans 	Transactional practices: <ul style="list-style-type: none"> Service-level agreements Jointly defined SOPs Shared access to information systems or systems integration protocols 	Transactional and cooperative practices: <ul style="list-style-type: none"> Joint sharing of benefits/savings Joint business planning
Examples of benefits	<ul style="list-style-type: none"> Government: items available at a competitive price on time Private sector: ability to forward plan production or service provision and avoid costs of expediting 	<ul style="list-style-type: none"> Government: service meets government requirements, and government benefits from private sector experience and costs Private sector: collaboration with government through agreed processes and procedures can enable greater efficiencies 	<ul style="list-style-type: none"> Government: ongoing service and cost improvement Private sector: potential for greater profitability through gainsharing agreements
Potential disadvantages	None	<ul style="list-style-type: none"> Requires investments in shared SOP; difficult to implement without a quality management system in place 	<ul style="list-style-type: none"> Requires a high level of relationship management; will not work if individuals lack collaboration skills

Source: Original table developed for this publication.

Note: MNO = mobile network operator; SOP = standard operating procedure.

It is important to understand the difference between the three types of collaboration and how each applies to engagement activities with government. For example, sharing call volume forecast data between government and a private service provider, typical in coordinated collaboration, can enable smoother and lower-cost ramp-up of additional call capacity.

After understanding the collaboration model guidance in table 2.2, service providers can use the Service Provider Collaboration Mapping Tool in annex 2C to map their current relationships with the government. Doing so will help them identify existing transactional, cooperative, or coordinated relationships and understand how they can leverage those government relationships for a nationwide telemedicine or health hotline service.

Mapping relationships also requires understanding which collaboration skills are required. Service providers can use the Critical Practices for Collaboration with Government Framework to assess skills on the basis of four managerial capabilities, as described in table 2.3 (see also annex 2D).

1. *Internal collaboration*: Can coordinate all needed private sector players to provide one integrated voice toward the government.
2. *External collaboration*: Can apply mechanisms to collaboratively manage and improve solution performance and outcomes.
3. *Benefit and risk sharing*: Can define and manage agreements that incentivize the government to continuously improve solution quality, cost, and service.
4. *Technology*: Can provide the requirements and manage the integration between the private sector firm's information systems and those of the government.

Each critical practice varies in importance depending on whether the service provider is targeting a transactional, cooperative, or coordinated collaboration with the government. Practices are rated from “not needed” to “important” to “essential,” with the notions of “important” and “essential” relating to how each practice contributes to achieving service, quality, and cost objectives.

The Service Provider Collaboration Experience Assessment Tool in annex 2D should be used to assess service provider readiness for the cooperative and coordinated collaboration types and to identify needed capacity-strengthening actions.

TABLE 2.3 Critical practices for collaboration with government framework

LEGEND			
White	Not needed		
Light gray	Important		
Dark gray	Essential		
	TRANSACTIONAL	COOPERATIVE	COORDINATED
Internal collaboration			
<i>Government relationship manager:</i> A person (other than the sales representative) is appointed to manage the collaborative relationship with the government.			
External collaboration			
<i>Quality management system and standard operating procedures:</i> A quality management system is in place with documented standard operating procedures for the solution.			
<i>Service-level agreement:</i> This agreement is used to specify service requirements and to describe collaboration mechanisms to be used with the government in managing and improving the solution.			
<i>Joint performance reviews mechanism:</i> Collaborative reviews are conducted with government customers to assess performance and agree on key areas for improvement.			
<i>Joint improvement plans:</i> The private sector firm and government jointly define improvement plans that specify needed actions from both parties.			
Benefit and risk sharing			
<i>Benefit and risk sharing:</i> Agreements are in place that specify how cost savings will be shared and excess costs apportioned.			
<i>Performance measurement:</i> The private sector firm has a defined methodology to assess solution cost, quality, and service performance versus baseline.			
Technology			
<i>Information system functional requirements:</i> The private sector firm has a defined methodology and proven experience in translating government functional requirements into detailed technical requirements.			
<i>Systems integration:</i> The private sector firm has a defined methodology and experience in integrating government systems with its own systems.			

Source: Original table developed for this publication.

ANNEX 2A. PUBLIC HEALTH ENGAGEMENT STRATEGY WORKSHEET

Purpose: The Public Health Engagement Strategy Worksheet assists private sector firms in documenting a public health engagement strategy that can include solutions such as a health hotline. Developing an engagement strategy for only one solution, such as a health hotline, is not recommended. Doing so may make it difficult to develop a coherent overall strategy toward public health encompassing both corporate social responsibility and commercial forms of engagement, as well as efforts at both the national and subnational levels. By filling out the worksheet, a company can articulate a simple, usable public health engagement strategy. In addition to the strategy, the company will need specific action plans, which are not included in the worksheet.

Timing: This worksheet can be completed at any time and should be reviewed whenever the government updates its own strategic plans or when the government and donors discuss major health initiatives. Companies should review the strategy at least every quarter to take into account new opportunities and any changes in government priorities.

Instructions: Ensure the involvement of all key company stakeholders in development of the public health engagement strategy. In addition to commercial teams, involve other departments such as corporate social responsibility, community relations, and marketing. Key stakeholders include departments/individuals who will be needed to execute the strategy or who set policy and guidelines that will shape the strategy. Fill out the worksheet sections using the following instructions.

PUBLIC HEALTH ENGAGEMENT STRATEGY				Company name: XXXX	
1. Purpose of this document					
<p>This document describes the company’s objectives for engaging with the public health system and is designed to set a strategy that aligns all the company’s stakeholders on the targeted public health programs, key government stakeholders, and desired outcomes. It is purposely designed to include all targeted public health programs to ensure a consistent approach toward government.</p> <p>All types of private sector contributions are in scope, including corporate social responsibility engagement (financial donations, service donations, and technical assistance) and commercial engagement (product provision and service provision).</p> <p>This document is not designed to support the management of specific stakeholder relationships or the management of specific commercial opportunities. For those activities, specific action plans will need to be developed and managed.</p>					
2. Objectives					
<i>Government program name and objective</i>	<i>Key government and donor stakeholders</i>	<i>Company lead (team members)</i>	<i>Type of engagement and desired outcomes</i>	<i>Stage</i>	<i>Collaboration start and end dates</i>

3. Key partnerships (List any partnerships that will be needed to achieve the objectives listed in section 2)	
<p>a) xxx</p> <p>b) xxx</p>	
4. Strategy review (Indicate date or frequency for review of this strategy)	
<p>This strategy should be reviewed every x months.</p>	
5. Approvals	

1. *Purpose of this document:* This section is prefilled and explains the purpose of the strategy.
2. *Objectives:* Use this section to specify the name and objective of the government program, the names of the government and donor stakeholders, the names of the company opportunity lead and team members, the types of engagement (financial donations, service donations, technical assistance, product provision and service provision), the opportunity stage (targeting, contracting, partnering), and the start and end dates of the program. For each program, make sure that each type of engagement has its own dedicated line. Attach as an appendix any documents that describe the functional and geographic scope of the program to the strategy.
3. *Key partnerships:* Use this section to identify partners needed for achieving your objectives. Partners typically include other commercial firms, local or global nongovernmental organization), and donor organizations.
4. *Strategy review:* Use this section to indicate the frequency at which this strategy needs to be reviewed and updated.
5. *Approvals:* Use this section to record the signatures of key stakeholders to the strategy.

ANNEX 2B. TELEMEDICINE OR HEALTH HOTLINE STAKEHOLDER MATRIX

Purpose: The Telemedicine or Health Hotline Stakeholder Matrix helps governments and service providers understand who specifically is needed during the solution design, implementation, scale, and sustainability phases. It also indicates if each stakeholder is required or optional with a given solution design. *Although this matrix was created for governments, service providers can also use it to understand who will be involved in the decision-making process.*

Timing: The matrix is worth reviewing when beginning to plan; at minimum, the ministry of health department leading the planning and that has appointed the focal point should review the matrix before beginning any scoping activities.

Instructions: The focal point, planning committee, and director of the department leading the services in the long term should use this matrix for planning strategic sessions, working groups, steering committees, and so on. *Service providers can use this matrix as a way of identifying decision-makers and understanding those decision-makers' roles in the telemedicine or health hotline process.*

Please note that the stakeholders listed in this matrix are based on the official titles of the Malawi stakeholders involved in the Chipatala Cha Pa Foni, or Health Center by Phone, solution. Because each government has different titles and structures, titles will need to be adapted as relevant.

TYPE OF ORGANIZATION AND TITLE OF DEPARTMENT/DIVISION/ ORGANIZATION	GENERAL ROLE OF DEPARTMENT/ DIVISION/ ORGANIZATION	REASON NEEDED FOR TELEMEDICINE OR HEALTH HOTLINE	WHO IS NEEDED AT WHICH STAGE OF THE PROCESS? PHASE 0: ASSESS BASIC REQUIREMENTS AND EXPRESS INTEREST PHASE 1: SCOPE AND DESIGN SOLUTION PHASE 2: DEVELOP STRATEGY, IMPLEMENTATION ROAD MAP, AND BUDGET PHASE 3: SECURE FUNDING FOR START-UP PERIOD PHASE 4: ESTABLISH, IMPLEMENT, SCALE, AND SUSTAIN SOLUTION	REQUIRED OR OPTIONAL
<p>Ministry of Health (MOH): Minister of Health and Secretary for Health</p>	<p>Provide the overall strategic direction for the MOH</p>	<ul style="list-style-type: none"> Ultimate decision-makers on whether health hotlines or telemedicine services could and should be offered as part of the overall health system Sign official strategic plans and budgets 	<p>Minister of Health and Secretary for Health:</p> <ul style="list-style-type: none"> <i>Phase 0:</i> Need to be informed and generally agree with exploring services. <i>Phase 1:</i> Not needed in initial discussions but should sign off on final scope to ensure alignment with strategic vision and country-specific regulations. <i>Phase 2:</i> Five-year strategic planning: Minister of Health, Secretary for Health, or both should sign off on the strategic plan but are not needed in planning. They should provide guidance for which department would be responsible for stewarding the service. Not needed for one-year road map/establishment. <i>Phase 3:</i> Officially issue document request to donors, funders, and Ministry of Finance to get the services added to budgets. Midlevel managers generally write the letter of request, but the minister and secretary sign it. <i>Phase 4:</i> Not needed for establishment and implementation. Scale (ongoing sustainability management): Need to sign off on future strategic plans and budgets in accordance with the five-year strategy. 	<p>Required</p>
<p>MOH: Directorate of Clinical Services</p>	<p>Provides strategic direction and oversight of all clinical and emergency services</p>	<p>At a minimum for both:</p> <ul style="list-style-type: none"> Ensures the telemedicine or health hotline connects to existing clinical and emergency services when a caller presents with danger signs <p>Telemedicine:</p> <ul style="list-style-type: none"> Lead steward would likely fall under this department <p>Hotline:</p> <ul style="list-style-type: none"> Depends on the country. In Malawi, Clinical Services is responsible for Health Center by Phone; in Mozambique the hotline sits in the Health Promotion Department 	<p>Director of Clinical Services needed for sign-off in Phases 0, 1, and 2 (five-year strategic plan). Role in Phases 3 or 4 varies depending on services offered and where the services sit. For example, if telemedicine or clinical services stewards the hotline, they would be critical for any oversight and sign-off in Phases 3 and 4.</p> <p>Midlevel technocrat (deputy and below): May be aware of and drive each phase, but the strategic sign-offs must be at the highest level in the department. Phase 4 would predominantly fall at this level.</p> <p>Manager: If this directorate stewards the services, it will need a direct focal point to oversee Phase 4.</p>	<p>Required for both telemedicine and health hotlines, but level of involvement depends on whether one or both are being implemented</p>

continued

TYPE OF ORGANIZATION AND TITLE OF DEPARTMENT/DIVISION/ ORGANIZATION	GENERAL ROLE OF DEPARTMENT/ DIVISION/ ORGANIZATION	REASON NEEDED FOR TELEMEDICINE OR HEALTH HOTLINE	WHO IS NEEDED AT WHICH STAGE OF THE PROCESS? PHASE 0: ASSESS BASIC REQUIREMENTS AND EXPRESS INTEREST PHASE 1: SCOPE AND DESIGN SOLUTION PHASE 2: DEVELOP STRATEGY, IMPLEMENTATION ROAD MAP, AND BUDGET PHASE 3: SECURE FUNDING FOR START-UP PERIOD PHASE 4: ESTABLISH, IMPLEMENT, SCALE, AND SUSTAIN SOLUTION	REQUIRED OR OPTIONAL
MOH: Directorate of Preventive Health Services—Health Education Services	Provides communities with information on health services and campaigns and provides health prevention information	At a minimum for both: <ul style="list-style-type: none"> Promotes the telemedicine and health hotline services through existing promotion channels, personnel, and collateral Health hotline: In Mozambique, the Health Promotion Department (equivalent) stewards the hotline 	Deputy Director of Preventive Health Services—Health Education Services needed for sign-off in Phases 0, 1, and 2 (five-year strategic plan). Role in Phases 3 or 4 varies depending on services offered and where the services sit. For example, for health hotlines, if this directorate stewards the hotline, it would be critical for any oversight and sign-off in Phases 3 and 4. Midlevel technocrat manager (deputy and below): May be aware of and drive each phase, but the strategic sign-offs must be at the highest level in the department. Needed for Phase 2 planning for both five-year strategy and one-year road map. Phase 4 would predominantly fall at this level. Manager: If this directorate stewards the services, there would need to be a direct focal point that oversees Phase 4.	Required
MOH: Directorate of Preventive Health Services—Community Health Department	Provides direct services in the community and provides communities with health information	At a minimum for both: <ul style="list-style-type: none"> Ensures community health workers are aware of the telemedicine or health hotline services and promote them to communities (and among each other, if provided in the service design) Hotline: <ul style="list-style-type: none"> May steward hotline, and operators could be from the community health workers cadre 	Deputy Director of Community Health Services needed for sign-off in Phases 0, 1, and 2 (five-year strategic plan). Role in Phases 3 or 4 varies depending on services offered and where the services sit. For example, if telemedicine or if community health stewards the hotline, they would be critical for any oversight and sign-off in Phases 3 and 4. Midlevel technocrat (deputy and below): May be aware of and drive each phase, but the strategic sign-offs must be at the highest level in the department. Phase 4 would predominantly fall at this level.	Required
MOH: Department of Planning and Policy Development—Central Monitoring and Evaluation Division	Provides oversight of MOH activities, tracks key performance indicators, and ensures integration of data	Ensures that data captured in the telemedicine or health hotline service meet the needs of the government Establishes key performance indicators Ensures dashboards and data from the services are shared and available across departments and for donors and partners Develops (or codevelops with the Digital Health Division) data-sharing agreement	Deputy Director of Monitoring and Evaluation needed for sign-off on Phases 0, 1, and 2 (five-year strategic plan). Mid- or lower-level technocrat (deputy and below): Phase 4 would predominantly fall at this level. Officer level would be responsible for analysis of data from the services.	Required (if this division exists)

continued

TYPE OF ORGANIZATION AND TITLE OF DEPARTMENT/DIVISION/ ORGANIZATION	GENERAL ROLE OF DEPARTMENT/ DIVISION/ ORGANIZATION	REASON NEEDED FOR TELEMEDICINE OR HEALTH HOTLINE	WHO IS NEEDED AT WHICH STAGE OF THE PROCESS? PHASE 0: ASSESS BASIC REQUIREMENTS AND EXPRESS INTEREST PHASE 1: SCOPE AND DESIGN SOLUTION PHASE 2: DEVELOP STRATEGY, IMPLEMENTATION ROAD MAP, AND BUDGET PHASE 3: SECURE FUNDING FOR START-UP PERIOD PHASE 4: ESTABLISH, IMPLEMENT, SCALE, AND SUSTAIN SOLUTION	REQUIRED OR OPTIONAL
MOH: Department of Planning and Policy Development—Quality Management Division	Provides oversight of quality of MOH services	<ul style="list-style-type: none"> Develops quality assurance requirements and policies for telemedicine or health hotline services Conducts spot checks on quality assurance assessments 	Deputy Director of Quality Management needed for sign-off in Phases 0, 1, and 2 (five-year strategic plan). Mid- or lower-level technocrat (deputy and below): Phase 4 would predominantly fall at this level. Officer level would be responsible for conducting spot checks on the quarterly quality assurance assessments done by the supervisors of the telemedicine or hotline services.	Required (if this division exists)
MOH: Department of Planning and Policy Development—Digital Health Division (in some countries sits outside of the MOH and is an e-strategy division in the government)	Develops the e-strategy; ensures partners align with registration, reporting, and integration of digital data and systems; and may be responsible for the internet and server infrastructure	<ul style="list-style-type: none"> Develops requirements for and provides oversight of how the telemedicine or health hotline should work with other systems (and defines which are relevant) and follow the overall e-strategy (if applicable) requirements Approves data-sharing agreements 	Deputy Director of Digital Health needed for sign-off in Phases 0, 1, and 2 (five-year strategic plan). Mid- or lower-level technocrat (deputy and below): Phase 4 would predominantly fall at this level. Officer: Responsible for enforcing and helping with interoperability and data-sharing agreements between the MOH, communications, mobile network operators, and relevant stakeholders (if components are outsourced) in Phase 4.	Required (if this division exists)
MOH: Department of Information and Communication Technology (if there is an ICT department within the MOH, and a separate broader ICT department for the government as a whole, then the MOH's ICT department would be more relevant)	Provides direct information and communication, repairs technology, manages MOH software systems, and so on	<ul style="list-style-type: none"> Provides basic management of the telemedicine or health hotline hardware and software May be responsible for upgrading system unless all information and communication technology services are outsourced to service providers 	Director of Information and Communication Technology needed for sign-off on Phases 0, 1, and 2 (five-year strategic plan); would also need to appoint a lower-level officer for Phase 4 to ensure ongoing maintenance and upgrades if the services are offered in-house. Lower-level technocrat: Phase 4 would predominantly fall at this level. Officer level would be responsible for ongoing maintenance or alerting outsourced service providers of issues if the hotline is physically located at the MOH but other providers maintain the software and hardware.	Required (if this division exists)
MOH: Department of Planning and Policy Development	Oversees development of strategic plans and budgets across the ministry	<ul style="list-style-type: none"> Validates memorandums of understanding with donors, partners, and service providers Ensures telemedicine or health hotline services are embedded in strategic plans and budgets 	Director needed for sign-off on Phases 0, 1, and 2 (five-year strategic plan); also needed for Phase 4 during scaling and sustainability to ensure the solution continues to be embedded in the strategic plans and budgets.	Required (if this division exists)
MOH: Department of Administration and Finance (in the MOH)	Approves, monitors, and releases MOH funding received by the Ministry of Finance to the respective MOH departments	<ul style="list-style-type: none"> Releases funding to the department stewarding the telemedicine or health hotline services, whether in-house or outsourced 	Director of Administration and Finance needed for sign-off in Phases 0, 1, and 2 (five-year strategic plan). Midlevel manager needed to release funding in Phases 3 and 4 for payment, either directly to MOH department or directly to the service provider for outsourced services.	Required

continued

TYPE OF ORGANIZATION AND TITLE OF DEPARTMENT/DIVISION/ ORGANIZATION	GENERAL ROLE OF DEPARTMENT/ DIVISION/ ORGANIZATION	REASON NEEDED FOR TELEMEDICINE OR HEALTH HOTLINE	WHO IS NEEDED AT WHICH STAGE OF THE PROCESS? PHASE 0: ASSESS BASIC REQUIREMENTS AND EXPRESS INTEREST PHASE 1: SCOPE AND DESIGN SOLUTION PHASE 2: DEVELOP STRATEGY, IMPLEMENTATION ROAD MAP, AND BUDGET PHASE 3: SECURE FUNDING FOR START-UP PERIOD PHASE 4: ESTABLISH, IMPLEMENT, SCALE, AND SUSTAIN SOLUTION	REQUIRED OR OPTIONAL
MOH: Department of Human Resources	Develops the human resource establishment list and oversees hiring in the MOH	<ul style="list-style-type: none"> Role depends on whether services are fully or partially outsourced or in-house. If in-house: <ul style="list-style-type: none"> Adds telemedicine or hotline workers to human resources establishment Recruits telemedicine or human resources workers 	Director of Human Resources needed for sign-off in Phases 0, 1, and 2 (five-year strategic plan) only if in-house. Deputy or next level: If in-house, needed in Phase 4 for ongoing hiring and ensuring personnel continue to be included in the official establishment.	Required if in-house; may be optional if outsourced, depending on mandate of the division
MOH: Departments related to specific health topics (maternal, newborn, and child health; sexual and reproductive services; Expanded Programme on Immunization; nutrition; noncommunicable diseases; tuberculosis; malaria; and so on)	Provide strategic direction, policies, guidelines, and oversight for MOH activities for their specific health focus area	<ul style="list-style-type: none"> If telemedicine or health hotline services on all health topics are needed For each department in design scope (whether in-house or outsourced): <ul style="list-style-type: none"> Provide initial validation of the health content, training needs, and so on Make periodic upgrades to the content, frequently asked questions, and training based on changes in MOH official policy and content to delete outdated information 	<p>If the telemedicine or health hotline services solution design includes all health topics, each director is needed for sign-off in Phases 0, 1, and 2 (five-year strategic plan); for helping pool funding or advocate for funding in Phase 3; and for sign-off on including topics in the overall strategic plans for sustainability in the scaling section of Phase 4.</p> <p>Midlevel technocrat (deputy and below): If all health topics, each technocrat assigned from all the departments would need to do initial validation of the health content, training needs, and so on; would also be responsible for periodic upgrades to the content, frequently asked questions, and training based on changes in MOH official policy and content to ensure deletion of outdated information. Phase 4 would predominantly fall at this level. Needed whether or not the services are outsourced because of the importance of providing the most accurate information, advice, and so on.</p>	<p>All required if the services are for all health topics</p> <p>The government may choose to have telemedicine or health hotline focus on just one of these areas; if so, that department would be the steward of the service and the others would not be needed</p>
MOH: Medical specialty departments (dermatology, mental health, and so on)	Provide medical specialty services to patients	<ul style="list-style-type: none"> Provide telemedicine services to patients Provide guidance to health care providers in remote areas (if in solution scope) Not needed for a health hotline, except as a referral option (would provide the contacts to the hotline workers) 	Directors of respective clinical services/medical specialty departments needed for sign-off in Phases 0, 1, and 2 (five-year strategic plan for telemedicine services); also needs to help regulatory departments align on policy. Medical specialists: If in-house, needed in Phase 4 for ongoing telemedicine services. If outsourced, the government may want some of its specialists to provide periodic quality assurance audits.	Required for telemedicine Optional or not required for health hotline

continued

TYPE OF ORGANIZATION AND TITLE OF DEPARTMENT/DIVISION/ ORGANIZATION	GENERAL ROLE OF DEPARTMENT/ DIVISION/ ORGANIZATION	REASON NEEDED FOR TELEMEDICINE OR HEALTH HOTLINE	WHO IS NEEDED AT WHICH STAGE OF THE PROCESS? PHASE 0: ASSESS BASIC REQUIREMENTS AND EXPRESS INTEREST PHASE 1: SCOPE AND DESIGN SOLUTION PHASE 2: DEVELOP STRATEGY, IMPLEMENTATION ROAD MAP, AND BUDGET PHASE 3: SECURE FUNDING FOR START-UP PERIOD PHASE 4: ESTABLISH, IMPLEMENT, SCALE, AND SUSTAIN SOLUTION	REQUIRED OR OPTIONAL
Health regulatory bodies: Medical or Nurses Council	Develop and enforce policies for the implementation of health-related services	<ul style="list-style-type: none"> Help develop and enforce telemedicine policies (may be joint effort with the Ministry of Communication) Determine needed policies for health hotlines 	Director of the Medical or Nurses Council needed for sign-off on Phases 0, 1, and 2 (five-year strategic plan for telemedicine services); also needed to help develop regulatory policy and enforcement in Phase 4. Members of regulatory body: Needed for Phase 4 enforcement.	Required for telemedicine and hotlines that have clinical staff (nurses and above); may be optional for hotlines with lower-level cadres
Ministry of Communications regulatory body	Develops and enforces policies for the implementation of information systems, mobile network operators, and so on	<ul style="list-style-type: none"> Helps establish communication regulations related to telemedicine or health hotlines Brokers agreements with mobile network operators for reduced cost (for government) for telemedicine or health hotline services 	Director may be needed for sign-off on any policies and plans in Phases 0, 1, and 2. Midlevel director: Needed for Phase 4 and to broker agreements with mobile network operators.	Required
Ministry of Justice: Secretary for Justice	Reviews memorandums of understanding and official strategic documents for legal ramifications	<ul style="list-style-type: none"> Approves memorandums of understanding with mobile network operators and service providers of telemedicine or health hotline services Approves official strategic documents for legal ramifications 	Secretary for Justice needed for sign-off on any official memorandums of understanding, policies, and so on. For telemedicine or health hotlines, sign-off may come at Phase 2, Phase 3 (for agreements with mobile network operators), or Phase 4.	Required
Ministry of Finance: Minister of Finance or Secretary to the Treasury	Approves and releases funding for all government ministries	<ul style="list-style-type: none"> Approves and releases funding for telemedicine or health hotline services 	Minister of Finance: Phase 2 sign-off of five-year strategy and any agreements with service providers; Phase 3 approval and disbursement of any internal funding.	Required
Mobile network operators: All major mobile network operators in country	Provide telecommunication services throughout the country	<ul style="list-style-type: none"> Provide short codes for government telemedicine or health hotline Zero-rate or reduce call costs for government to allow for free calls for users nationwide, and advertise services through networks 	Director: Needed in Phases 2, 3, and 4 for sign-off on any agreements with the government (preferably) or service providers. Midlevel manager: Needed to manage relationship and implementation in Phases 3 and 4.	Required

continued

TYPE OF ORGANIZATION AND TITLE OF DEPARTMENT/DIVISION/ ORGANIZATION	GENERAL ROLE OF DEPARTMENT/ DIVISION/ ORGANIZATION	REASON NEEDED FOR TELEMEDICINE OR HEALTH HOTLINE	WHO IS NEEDED AT WHICH STAGE OF THE PROCESS? PHASE 0: ASSESS BASIC REQUIREMENTS AND EXPRESS INTEREST PHASE 1: SCOPE AND DESIGN SOLUTION PHASE 2: DEVELOP STRATEGY, IMPLEMENTATION ROAD MAP, AND BUDGET PHASE 3: SECURE FUNDING FOR START-UP PERIOD PHASE 4: ESTABLISH, IMPLEMENT, SCALE, AND SUSTAIN SOLUTION	REQUIRED OR OPTIONAL
<p>Donors: Relevant multilateral, bilateral, or other donors</p>	<p>Provide direct funding to the government or other partners for general government-identified priorities on digital health/ telemedicine or other related services</p>	<ul style="list-style-type: none"> Provide funding for the setup and initial implementation of the telemedicine or health hotline infrastructure or services until the government can partially or wholly sustain the service in its budgets 	<p>Midlevel managers: Needed for each phase (director needs to ultimately sign off on overall budget for Phase 3 and continually, for as long as projected in strategic plan for Phase 4).</p>	<p>Required unless the government can fully fund setup and ongoing implementation or outsourcing agreement</p>
<p>Service providers: Private telemedicine companies, private hotline companies, nongovernmental organizations, or other providers of technology and services needed for telemedicine or health hotlines (may include technical assistance)</p>	<ul style="list-style-type: none"> Provide services for customer Maintain technology needed (hotline platforms, dashboards, interactive voice response, Short Message Service, WhatsApp, and so on) 	<ul style="list-style-type: none"> Operate and manage or establish telemedicine or hotline services 	<p>Directors ultimately sign off on any agreements, but midlevel managers needed for ongoing arrangements and planning for each phase.</p>	<p>Required if any part of the setup and implementation is outsourced or provided by parties external to government</p>
<p>Other partners: Any relevant partners, such as nongovernmental organizations and academic institutions, that support or promote MOH services</p>	<p>Provide financial support, technical assistance, and direct implementation to MOH</p> <ul style="list-style-type: none"> May support or implement setup and ongoing implementation until point of transition to the government or could provide planning technical assistance 	<p>At minimum for both:</p> <ul style="list-style-type: none"> Advertise the telemedicine or health hotline services through their networks and embed numbers on collateral May support or implement setup and ongoing implementation until point of transition to the government or could provide planning technical assistance 	<p>Midlevel managers: Needed for Phases 1 and 2 if they are the partner the government asks for planning, technical assistance, or implementation. Directors: Needed for Phase 3 budget sign-off. Midlevel managers: Needed for Phase 4. Officers or hotline workers (level of cadre dependent on government requirements): Needed for Phase 4 if not yet embedded in government establishment.</p>	<p>Optional depending on how the government approaches planning, setup, and implementation</p>

ANNEX 2C. SERVICE PROVIDER COLLABORATION MAPPING TOOL

Purpose: The Service Provider Collaboration Mapping Tool helps private sector companies to quickly assess their current level of experience with government collaboration and to answer questions about which collaboration types will be needed for the targeted solution.

Timing: The Service Provider Collaboration Mapping Tool should ideally be completed once a government digital health strategy is available, because that strategy will provide a view on the potential roles for the private sector.

Instructions: Fill out the tool using the following steps.

- *Step 1:* Start by listing all the government entities, especially at the ministry of health, with whom your company works or has worked in the past 12–24 months. Then, allocate each government entity relationship into one of the three collaboration types (transactional, cooperative, and coordinated). Identify the length of the relationship (years or months) with a focus on the most recent scope of work. Finally, calculate the total number of government entities in each category. What does this mapping tell you about your experience in each type of collaboration? For which collaboration types do you have lots of experience? Very little experience?
- *Step 2:* Now add in the target government entities with whom you will work to implement new potential solutions as outlined in the government strategy. What type of collaboration will be needed with them? Is this the type of collaboration for which you have lots of experience? Little experience? What does your level of experience suggest in terms of needed action on your part?

SERVICE PROVIDER COLLABORATION MAPPING TOOL

	TRANSACTIONAL EFFICIENT PLANNING AND ORDERING	COOPERATIVE OPTIMIZING AROUND JOINTLY DEFINED WAYS OF OPERATING	COORDINATED CONTINUOUS IMPROVEMENT OF SERVICE, QUALITY, AND COSTS
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List the government entities/departments.

What is the length of the relationship per entity?

What is the total number in each category?

ANNEX 2D. SERVICE PROVIDER COLLABORATION EXPERIENCE ASSESSMENT TOOL

Purpose: The Service Provider Collaboration Experience Assessment Tool assists private sector companies in evaluating their current capabilities in public sector collaboration to identify specific areas in which they may need capacity building.

Timing: The Service Provider Collaboration Experience Assessment Tool should be completed once a government digital health strategy is available, because that strategy will provide a view on the potential roles for the private sector.

Instructions: Private sector collaboration experience should be measured separately for each type of collaboration (transactional, cooperative, and coordinated). Fill out the tool using the following steps.

- *Step 1:* Consult the descriptions in the Critical Practices for Collaboration with Government Framework to fully understand the practices for the four areas: internal collaboration, external collaboration, benefit and risk sharing, and technology.
- *Step 2:* For each of the four areas, review each practice and score yourself as either new, emerging, or dominant. Enter your result per practice in the “Score” column of the assessment tool. Categories should be scored as follows:
 - *New:* Never apply this practice (0 points)
 - *Emerging:* Sometimes apply this practice, but not consistently (0.5 points)
 - *Dominant:* Consistently apply this practice when engaging with government (1 point)
- *Step 3:* Total your score. To engage in a *cooperative collaboration type*, you should have scores from the experience assessment of 4.5 to 9, with 9 indicating a high level of experience. A score under 4.5 indicates a need to implement new skills through expert technical assistance before entering into such a government relationship. The same scoring applies for a *coordinated collaboration type*; however, given that some practices are “important” and not “essential,” the lower score can be seen as less risky. You can also mitigate this lower score by integrating specific capacity-building activities such as coaching and training into the overall partnership.

CRITICAL PRACTICES FOR COLLABORATION WITH GOVERNMENT FRAMEWORK

LEGEND	
White	Not needed
Light gray	Important
Dark gray	Essential

	TRANSACTIONAL	COOPERATIVE	COORDINATED
Internal collaboration			
<i>Government relationship manager:</i> A person (other than the sales representative) is appointed to manage the collaborative relationship with the government.			
External collaboration			
<i>Quality management system and standard operating procedures:</i> A quality management system is in place with documented standard operating procedures for the solution.			
<i>Service-level agreement:</i> This agreement is used to specify service requirements and to describe collaboration mechanisms to be used with the government in managing and improving the solution.			
<i>Joint performance reviews mechanism:</i> Collaborative reviews are conducted with government customers to assess performance and agree on key areas for improvement.			
<i>Joint improvement plans:</i> The private sector firm and government jointly define improvement plans that specify needed actions from both parties.			
Benefit and risk sharing			
<i>Benefit and risk sharing:</i> Agreements are in place that specify how cost savings will be shared and excess costs apportioned.			
<i>Performance measurement:</i> The private sector firm has a defined methodology to assess solution cost, quality, and service performance versus baseline.			
Technology			
<i>Information system functional requirements:</i> The private sector firm has a defined methodology and proven experience in translating government functional requirements into detailed technical requirements.			
<i>Systems integration:</i> The private sector firm has a defined methodology and experience in integrating government systems with its own systems.			

SERVICE PROVIDER COLLABORATION EXPERIENCE ASSESSMENT TOOL

	NEW	EMERGING	DOMINANT	SCORE
<i>Internal collaboration</i>				
<i>Government relationship manager</i>	0 points	0.5 points	1 point	
<i>External collaboration</i>				
<i>Quality management system and standard operating procedures</i>	0 points	0.5 points	1 point	
<i>Service-level agreement</i>	0 points	0.5 points	1 point	
<i>Joint performance reviews mechanism</i>	0 points	0.5 points	1 point	
<i>Joint improvement plans</i>	0 points	0.5 points	1 point	
<i>Benefit and risk sharing</i>				
<i>Benefit and risk sharing</i>	0 points	0.5 points	1 point	
<i>Performance measurement</i>	0 points	0.5 points	1 point	
<i>Technology</i>				
<i>Information system functional requirements</i>	0 points	0.5 points	1 point	
<i>Systems integration</i>	0 points	0.5 points	1 point	

x/9

NOTES

1. Please note that stakeholders listed in the matrix are based on the official titles for the Malawi stakeholders involved in the Chipatala Cha Pa Foni (Health Center by Phone) solution. Each government has different titles and structures, and users of the matrix will need to adapt the titles as relevant.
2. Developing focal points can be difficult; however, once a service provider has one focal point in the ministry, it is easier to ask that focal point for introductions to others. Being a part of or at least aware of the different government technical working groups is one way to gain insight on whom to work with in the different departments.



Provide Support for the Government's Five-Year Strategy and One-Year Road Map

This section explains how to provide support to the government's sustainability planning (five-year strategy) and implementation planning (one-year road map) that take place in Phase 2. The government will likely ask mobile network operators to participate in these strategy and planning sessions, but government procurement regulations may not allow participation by other types of service providers. If not involved in the early planning, the service provider, once selected, should request copies of the five-year strategy and one-year road map.

Understand How to Provide Support for Government Sustainability and Implementation Planning

Chapter 3 helps service providers understand how to contribute to coordination across departments, ministries, and partners; how to provide inputs into the government’s five-year strategy and one-year road map; and how to align services with those plans. It presents the following tools:

- *Government’s Telemedicine or Health Hotline Solution Design Decision-Making Tool (annex 3A)*
- *Terms of Reference for Telemedicine or Health Hotline Multisector Steering Committee (annex 3B)*
- *Government’s Telemedicine or Health Hotline Five-Year Strategy Decision-Making Tool (annex 3C)*
- *Sample Telemedicine or Health Hotline Five-Year Strategy (annex 3D)*
- *Scope of Government Commercial Engagement with the Private Sector: Reference Materials (annex 3E)*
- *Editable Government One-Year Road Map Template (annex 3F)*

CONTRIBUTE TO COORDINATION ACROSS DEPARTMENTS, MINISTRIES, AND PARTNERS FOR SUSTAINABILITY AND IMPLEMENTATION PLANNING

Government, as the solution steward, has the ultimate responsibility for coordinating partners; however, service providers can contribute to the coordination effort, and doing so will set them up for effectively contributing to sustainability and implementation planning. The Journey to Scale with Government tool (https://www.villagereach.org/wp-content/uploads/2020/10/The-Journey-to-Scale-with-Government-Interactive-Tool_Final-2.pdf) can be used to create alignment across stakeholders and potentially to build stronger partnerships (VillageReach 2020).

Contributing to coordination efforts requires the following:

- Be open, honest, collaborative, and communicative throughout the process.
 - *Tip:* Have a focal point in the business/organization who coordinates with the government focal point and attends meetings.

- Align on the ultimate goals and key milestones from the beginning.
 - Tip: See the overview in VillageReach’s “Journey to Scale with Government: The Mindset Shift” (https://www.villagereach.org/wp-content/uploads/2020/10/The-Journey-to-Scale-with-Government-Interactive-Tool_Final-2.pdf) for an option of how to achieve this alignment (VillageReach 2021). If called to this meeting as a service provider, participate fully.
- Document everything in writing. Documentation is critical when working with government because personnel may change frequently and the service provider needs a record of everything agreed. Written records include not only contracts, memorandums of understanding, and service-level agreements but also any action items agreed to in meetings.
- Clarify roles and responsibilities across government entities, such as critical ministry departments and regulatory bodies, to understand key roles and decision-makers. Such clarification might require a RACI matrix (<https://thedigitalprojectmanager.com/projects/leadership-team-management/raci-chart-made-simple/>)—for “responsible” (doer), “accountable” (decision-maker), “consulted,” and “informed.”¹
- Build time for coordination when developing budgets that involve working with government.

Service providers may also have to work with other service providers (for-profit companies or nonprofits, like nongovernmental organizations, in addition to government entities). They may partner with other mobile network operators (MNOs), other technology providers (software or hardware), or other service providers (call centers). Identifying the other service providers and building a working relationship is critical for solution success. The following are some typical examples of potential collaboration scenarios:

- *For MNOs:* If multiple MNOs within a country have reached an agreement with the government, it may require them to have a consolidated short code, when possible. Additionally, the service would have to connect to the main software for the call center (whether telemedicine or health hotline).
- *For technology and call center service providers:* If the government’s solution requires multiple service providers, it will be important for services to be interoperable. In addition, if multiple MNOs participate, the service provider that runs the software for the call center needs to get each MNO short code to connect seamlessly for callers. Therefore, a service provider would need individual relationships with each MNO and other technology service providers, especially for troubleshooting any issues with the service.

Developing these relationships with both the government and the other service providers requires effort but is essential to success. Understanding these relationships is also critical going into the government’s five-year strategy.

UNDERSTAND AND PROVIDE SUPPORT FOR THE GOVERNMENT’S FIVE-YEAR STRATEGY

The government may ask service providers to participate in early planning and information collection before it develops its five-year strategic vision.

Service providers interested in working with government should ask to be part of initial planning meetings, because that participation will help the service provider to understand government needs and to guide the government on what services are feasible with existing technologies.

Before responding to a government request for proposal (RFP) or request for quotation (RFQ), a service provider not involved earlier in the process will need to know what information the government collected to determine the initial design, the five-year strategic vision, and the sustainability plan. The type of information collected is outlined in *Planning National Telemedicine and Health Hotline Services: A Toolkit for Governments*, which requires the government to undertake the telemedicine or health hotline predesign scoping, the uptake assessment, and the landscape analysis before developing a basic functional and technical solution design (World Bank 2023). Having this information will help service providers understand government needs and adapt their services accordingly. See the Government’s Telemedicine or Health Hotline Solution Design Decision-Making Tool in annex 3A.

Once the government has a basic design in place (the end of Phase 1), it will call all stakeholders together for a telemedicine or health hotline multisector steering committee meeting (or other decision-making body) to validate the basic solution design and to plan the five-year strategy for establishing services for sustainable impact at scale (Phase 2). The service provider should, when appropriate, ask to be part of the steering committee to help weigh in on the design and scope of eventual services. In addition, service providers on the steering committee should be honest with the government about what is and is not realistic regarding timelines and budget. Doing so will help build relationships and avoid unrealistic expectations down the line. See annex 3B for the Terms of Reference for Telemedicine or Health Hotline Multisector Steering Committee (also provided in the government toolkit).

The five-year strategy, which includes the vision for sustainability, will specify which parts of the solution the government will oversee/manage and which parts of the solution the service provider will operate. The five-year strategy has five main areas:

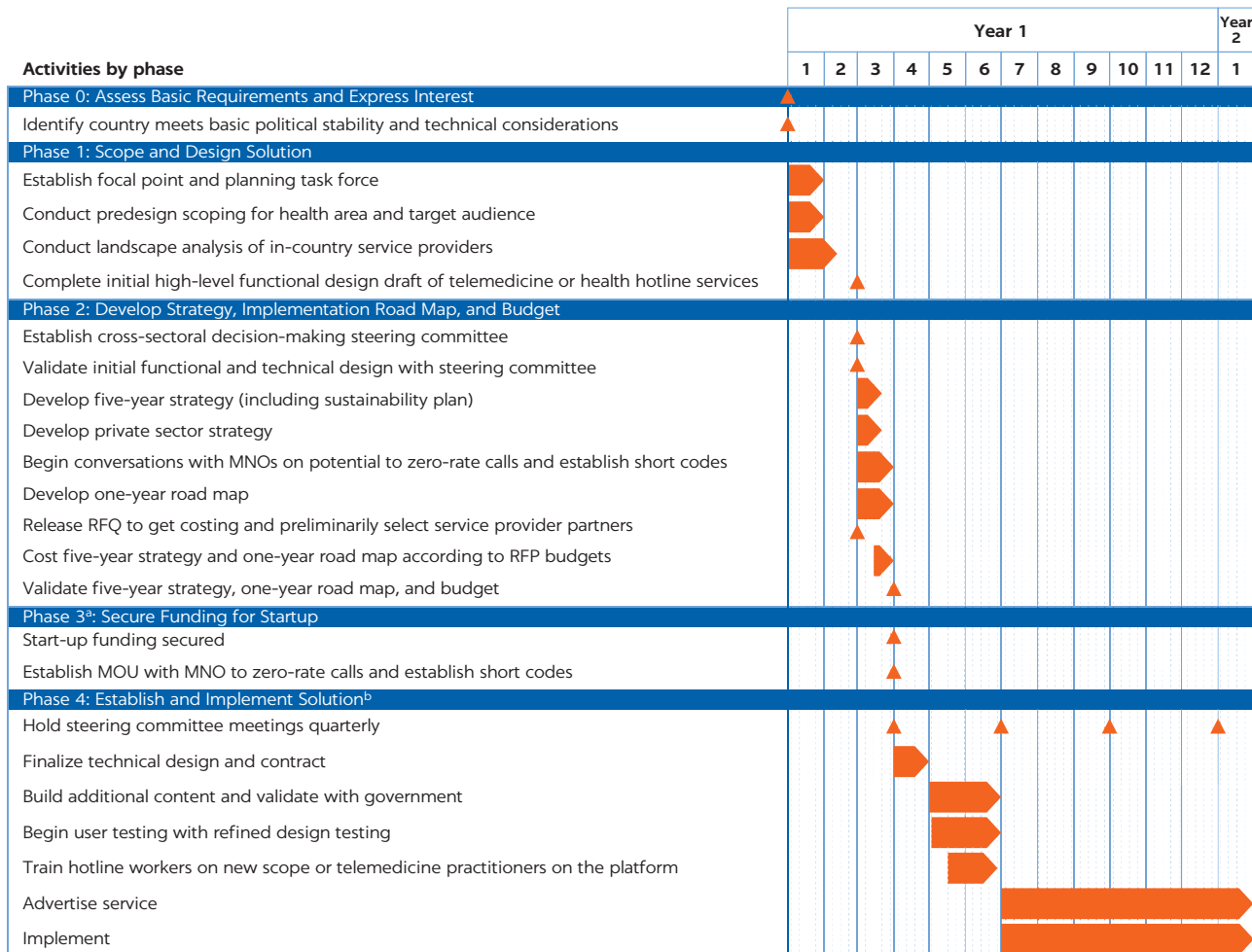
1. *Solution management*: who will manage and operate the solution each year (may change from a service provider to coleading to government)
2. *Solution impact or outcome*: what the government hopes to see as the change (may change from basic service outcomes preliminarily to impact indicators once the service has been operating for a couple of years)
3. *Health area*: which areas the service will serve
4. *Services*: what services will be offered (telemedicine, hotline, voices messages, Short Message Service, WhatsApp, and so on)
5. *Geographic coverage*: what areas of the country the service will reach

The Government’s Telemedicine or Health Hotline Five-Year Strategy Decision-Making Tool helps the government align its vision (annex 3C). This tool should be used every year during solution implementation. The strategy will include the vision for outsourced versus in-house solutions. See annex 3D for a Sample Telemedicine or Health Hotline Five-Year Strategy and annex 3E for reference materials on the Scope of Government Commercial Engagement with the Private Sector.

UNDERSTAND AND PROVIDE SUPPORT FOR THE ONE-YEAR ROAD MAP

Once it has validated the five-year strategy, the government will plan the major milestones and tasks for the first year, which will require partner input. Service providers should try to get involved in the development of the one-year road map because it will greatly affect any contracted work and the expectation of timelines from the government. The one-year road map in figure 3.1 assumes that the government has chosen to outsource the solution initially to ensure quick startup and avoid engaging in significant capital expenditure before it has more experience with the solution. Countries can adapt this one-year road map as needed. See the Editable Government One-Year Road Map Template in annex 3F for reference. Service providers should use the road map as the basis for their response to a government RFP or RFQ.

FIGURE 3.1
One-year road map for telemedicine or health hotline planning and establishment



Source: VillageReach.

Note: MNO = mobile network operator; MOU = memorandum of understanding; RFP = request for proposal; RFQ = request for quotation.

a. This road map assumes funding has been identified. Phase 3 milestones include only MNO-related activities. It jumps from Phase 2 to Phase 4. Phase 3 funding can take a long and unspecified amount of time.

b. Phase 4 includes establishing, implementing, scaling, and sustaining; however, scaling and sustaining are not in the scope of the one-year road map. The 5-year strategy does include sustainability planning.

ANNEX 3A. GOVERNMENT’S TELEMEDICINE OR HEALTH HOTLINE SOLUTION DESIGN DECISION-MAKING TOOL

Purpose: The Telemedicine or Health Hotline Solution Design Decision-Making Tool helps governments answer the critical questions needed for solution design. Without deciding on solution design, they cannot move forward on costing and planning. *Service providers can refer to this document to understand the government’s decision-making process in determining the functional and technical scope of the solution design.* The five-year strategy session is where the high-level steering committee will make the critical decisions, but this tool helps establish initial design.

Timing: The planning task force should complete this table after the government has determined the following:

- Political stability
- Technical requirements
- Health areas of greatest need
- Target audience of the solution
- What services exist in the country
- Potential uptake of the services
- Landscape of existing services

Instructions: The planning task force should convene and come to a consensus on the answers in this tool based on previous discussions with government officials and results from the scoping, targeting, and landscape analysis.

#	DECISION-MAKING QUESTION	POSSIBLE ANSWERS	CONSIDERATIONS
1.	Which type of service does the government want to move forward with at this time?	<ul style="list-style-type: none"> • Telemedicine • Health hotline 	
2a.	Given the prescoping exercise, which health areas does the government want the service to cover immediately (in the next 3–12 months)?	<p>Insert the number order in the box below and leave blank if the government will not cover the topic in the next 3–12 months.</p> <ul style="list-style-type: none"> • COVID-19 • Maternal, newborn, and child health (includes vaccination) • Sexual and reproductive health • HIV • Infectious diseases • Noncommunicable diseases • Mental health • Other. List below: _____ <ul style="list-style-type: none"> • Specialty services (applicable only to telemedicine). List specific services: _____ 	The government may not be able to cover all health topics in 12 months if building out, but it may be able to if using existing services. It is important to prioritize.
2b.	Which health areas does the government want the service to cover within the next five years?	<ul style="list-style-type: none"> • All primary health topics (if chosen, prioritize with numbers below) • COVID-19 (including vaccine information) • Maternal, newborn, and child health (includes vaccination) • Sexual and reproductive health • HIV • Infectious diseases • Noncommunicable diseases • Mental health • Other. List below: _____ <ul style="list-style-type: none"> • Specialty services (applicable only to telemedicine). List specific services: _____ 	This answer is critical because the solution should be designed for the desired scale to optimize investment.

#	DECISION-MAKING QUESTION	POSSIBLE ANSWERS	CONSIDERATIONS
3a.	Who is the target audience in the next 3–12 months?	<ul style="list-style-type: none"> Health care worker. List cadres below: _____ Direct to consumer (community) 	The target audience for direct-to-consumer use may be further defined by the health coverage area. For example, maternal, newborn, and child health might target expecting mothers and parents (including fathers) of children.
3b.	Who is the target audience in the next five years?	<ul style="list-style-type: none"> Health care worker. List cadres below: _____ Direct to consumer (community) 	
4.	Does the government plan to use an existing service for immediate setup?	<ul style="list-style-type: none"> Yes. List service (partner) below: _____ No Unknown 	If unknown or dependent on costing, the task force may have to provide both options to the steering committee. Whether the answer is yes or no, this will require further information for the cost modeling. See the Telemedicine or Health Hotline Cost Model Tool (annex 5B).
4a.	If yes, is the plan to outsource now and embed in the future, or will it be outsourced for the foreseeable future but eventually embedded in the government plans and budgets?	<ul style="list-style-type: none"> Outsource now only and embed in the future Outsource for the foreseeable future, but the government would pay these outsourcing costs Unknown 	This may need to be further discussed in the five-year strategy session.
5.	Whether outsourced or not, what is the minimum cadre that is acceptable for the services according to existing regulations?	<ul style="list-style-type: none"> Non-health workers trained on frequently asked questions only Community health workers Nurses Clinical officers Physicians Physicians with specialties (telemedicine only) Unknown; needs further discussion 	This is a critical decision that the task force may propose but ultimately the steering committee/technical working group would decide.
6.	Will the service be free to users?	<ul style="list-style-type: none"> Yes No 	
6a.	If yes, how will the government pay for the cost of the incoming calls?	<ul style="list-style-type: none"> Direct payment by government or through donor/partner Already established agreement with mobile network operator Planned agreement with mobile network operator 	For sustainable solutions that governments can afford, it will require reduced or zero-rated costs from mobile network operators in the country.
7.	Does the government plan to use other technologies integrated into the telemedicine or hotline services in the next five years?	<ul style="list-style-type: none"> Yes <ul style="list-style-type: none"> Interactive voice response WhatsApp Short Message Service Unstructured Supplementary Service Data Other. List below: _____ No Unknown 	Using additional technologies can help meet demand.

ANNEX 3B. TERMS OF REFERENCE FOR TELEMEDICINE OR HEALTH HOTLINE MULTISECTOR STEERING COMMITTEE

Purpose: The purpose of the Terms of Reference for Telemedicine or Health Hotline Multisector Steering Committee is to help governments understand the goals, responsibilities, timing, and membership of the steering committee, which has the decision-making authority and oversight for the planning, establishment, ongoing monitoring, coordinating of stakeholders, and ultimate embedding of the nationwide, government-stewarded services in the country into the health system. *Service providers may be asked to join the steering committee at different stages. MNOs will likely be invited to the first steering committee meetings, but telemedicine or health hotline service and other technology providers may or may not be invited before they have contracts.*

Timing: The government should form a steering committee after it has conducted all activities in Phases 0 and 1, including the initial solution design.

Instructions: The lead department at the ministry of health, which will operate the service, would chair this multisector steering committee and, at the first meeting, present the terms of reference so everyone can understand and agree on their roles. They will then continue with the responsibilities as laid out in the terms of reference.

INSERT COUNTRY X GOVERNMENT LOGO

TERMS OF REFERENCE FOR TELEMEDICINE OR HEALTH HOTLINE MULTISECTOR STEERING COMMITTEE

Purpose

The purpose of the [insert official title] is to provide ultimate decision-making authority and oversight for the planning, establishment, ongoing monitoring, coordinating of stakeholders, and ultimate embedding of the nationwide, government-stewarded [select: telemedicine, health hotline, or both telemedicine and health hotline] services in the country into the health system. The planning task force would produce materials for review, but this committee would ultimately discuss and sign off as a group.

The [insert the lead department at the ministry of health for the services] leads this multisector steering committee.

Specific responsibilities by phase

Phase 0: Assess basic requirements and express interest

Phase 1: Scope and design solution

Phase 2: Develop road map, implementation plan, and budget

Phase 3: Advocate for funding

Phase 4: Establish, implement, and scale

Phases 0–2

- Attend all called meetings. (Note: The meetings may not be at specific intervals in Phases 0–2 but will be individually called. Switching out members at regular meetings leads to delays and confusion.)
- Validate gap and landscape analysis presented by task force.
- Oversee the small task force to ensure progress on planning milestones.
- Provide individual and group input, and validate high-level scope and solution design and solution description for [select: national telemedicine or hotline] services, including guiding the decision-making process on staffing, location, supervision, training, and incorporation into strategic plans.
- Validate five-year strategy, including vision for implementation and ongoing sustainability and establishing key performance indicators, and validate one-year road map.
- Establish a subcommittee for partner selection to develop specific requests for proposals, review proposals, and select service providers (if applicable).
- Validate five-year strategy and one-year road map costs.
- Discuss options for, advocate for, and develop a plan for funding for [select: national telemedicine or hotline] services from respective government entities, donors, and partners.
- Develop a plan for any needed policy changes.
- Develop and validate an advertising and demand-generation plan for the services.

Phase 3

- Discuss options, advocate for, develop a plan, and assign roles for securing funding for [select: national telemedicine or hotline] services from respective government entities, donors, and partners.
- Discuss options, advocate for, develop a plan, and assign roles for securing an agreement with the MNOs to provide short codes and zero-rate incoming calls (at minimum) and to advertise the service via free blasts (when allowable by the communications regulators in the specified country).

Phase 4

Governance and approval responsibilities

- Attend quarterly and relevant ad hoc meetings.
- Represent, advocate for, and support the development of [select: national telemedicine or hotline] services and support stakeholders' interests in the country.
- Coordinate other telemedicine or health hotline services in the country to ensure continuity of services if more than one exists in the country, and develop a road map for integration.
- Develop and enforce standardized guidelines and toolkits and policies for [select: national telemedicine or hotline] services.
- Advocate for and advise on [select: national telemedicine or hotline] technology development and applications, safety, and best practices.
- Validate or approve any critical plans or documents in accordance with the five-year strategy and one-year road map.

Establishment, implementation, and sustainability oversight responsibilities

- Validate an ongoing implementation and monitoring plan.
 - Review the data and key performance indicators at quarterly meetings, and provide feedback for how to improve services to meet needs and sustain impact.
- Oversee the establishment, implementation, scaling, and sustaining of the [select: national telemedicine or hotline] services.
 - Oversee the implementation of the sustainability plans (transition strategies, plans, readiness assessment), including ensuring that services get added to the ministry of health strategic plans and budgets.
 - Provide guidance and feedback on how to adjust plans if milestones and deliverables are not being met.
- Review any new [select: national telemedicine or hotline] implementer activity plans and activity reports for compliance to regulatory requirements; lessons sharing; and standardization of [select: national telemedicine or hotline] practices, research, and development.
- Provide risk management strategies, ensuring that strategies to address potential threats to the transition's success have been identified, estimated, and approved, and that the threats are regularly reassessed.

Regulatory responsibilities

- Review and provide advice on regulations to determine gaps and need for revision or updating.
- Coordinate with relevant sectors and ministries on the services' technology and safety.

Other responsibilities

- Promote and share technological development applications updates through invitation of various experts/organizations to present experiences to the steering committee or technical working group.
- Create a forum and information hub for sharing [select: national telemedicine or hotline] developments to general population.
- Set up subcommittees to pursue specific work streams as needed.
 - For example, regulatory subcommittee (sample terms of reference provided).
- Provide an annual review of the function of multisector [select: national telemedicine or hotline] [select: steering committee or technical working group] and adjust terms of reference accordingly.

Timing

The multisector [select: national telemedicine or hotline] steering committee will meet as needed (at least once per month) in Phases 0–2.

The multisector [select: national telemedicine or hotline] steering committee will meet quarterly in Phases 3–4 and will rotate support among its members.

Membership

The steering committee membership shall include the following. Department membership depends on the scope of the [select: national telemedicine

or hotline] services provided. See the stakeholder matrix. Note that stakeholders listed in this matrix are based on the official titles of the Malawi stakeholders involved in the Chipatala Cha Pa Foni, or Health Center by Phone, solution. Because each government has different titles and structures, titles will need to be adapted as relevant.

- Ministry of Health
 - Directorate of Clinical Services (required)
 - Directorate of Preventive Health Services—Health Education Services (required)
 - Directorate of Preventive Health Services—Community Health Department (required)
 - Department of Planning and Policy Development (required)
 - Department of Planning and Policy Development—Central Monitoring and Evaluation Division (required)
 - Department of Planning and Policy Development—Quality Management Division (required)
 - Department of Planning and Policy Development—Digital Health Division (required)
 - Department of Information and Communication Technology (if country has one within the Ministry of Health and one for the government as a whole, the one in the Ministry of Health would be most relevant) (required)
 - Department of Administration and Finance (in the Ministry of Health) (required)
 - Department of Human Resources (required for in-house; may not be required for out-of-house)
 - Departments for specific health topics: maternal, newborn, and child health (MNCH); sexual health and reproductive services; Expanded Programme on Immunization, nutrition; noncommunicable diseases; tuberculosis; malaria; and so on (requirement depends on scope of health topics)
 - Medical specialty departments: dermatology, mental health, and so on (required for telemedicine; optional for health hotline)
- Health regulatory bodies (Medical or Nurses Council)
- Ministry of Finance (needed for initial establishment, strategic plans, and sustainability planning)
- Ministry of Justice (needed for initial establishment, strategic plans, and sustainability planning)
- Ministry of Communication (communications regulatory bodies)
- All major MNOs that would be linked to the services
- Relevant donors
- Service providers
- National Health Sciences Research Committee (not in stakeholders list but may be relevant)
- Representatives of academic and research institutions (not in stakeholders list but may be relevant)
- Other relevant partners
- Other specialized organizations (may be called in as the need for their expertise arises)

Note: The planning task force has its own terms of reference.

Subcommittee (Telemedicine or Health Hotline Policy Development Regulatory Subcommittee)

Purpose: The purpose of the subcommittee is to prepare, plan, and coordinate policy and regulatory guidelines related to telemedicine or health hotlines. The subcommittee will also share lessons with the main committee.

Responsibilities

- Develop policy for [select: national telemedicine or hotline] services.
- Monitor policy and regulatory adherence to [select: national telemedicine or hotline] services.
- Share resources from other countries.
- Report to the full steering committee on any specific tasks.

Membership

The subcommittee will be led by the Ministry of Health Department of Policy and Planning and include the following:

- Ministry of Justice
- Ministry of Health (whichever department stewards the [select: national telemedicine or hotline] services)
- Health regulatory bodies (Nurses and Medical Council)
- Ministry of Communications regulatory body
- Others as needed

ANNEX 3C. GOVERNMENT'S TELEMEDICINE OR HEALTH HOTLINE FIVE-YEAR STRATEGY DECISION-MAKING TOOL

Purpose: The Telemedicine or Health Hotline Five-Year Strategy Decision-Making Tool provides the questions that the government must answer to align its vision around the following aspects of the service:

- Solution management
- Solution impact or outcome
- Health area
- Services
- Geographic coverage

Service providers should understand the government's full vision and develop plans in accordance with that strategic vision.

Timing: The steering committee should develop the initial five-year strategy after the planning task force has completed the high-level solution design and the steering committee has validated the design. The five-year strategy will be iterative because it may require revamping once costing is possible.

Instructions: Before the steering committee meeting, the focal point and planning task force should individually get input from members of the

		QUESTIONS TO ANSWER IN EACH YEAR	1	2	3	4	5
Solution coverage summary of table		Reach [insert number] [clients: insert health worker or direct community user] for [insert health areas] by providing [insert all that apply: telemedicine, hotline, interactive voice recording, Short Message Service, and so forth] in [insert geographic coverage] led by [insert government or service provider] to improve [insert outcome or impact indicator] by [x] percent.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Note: Insert answers from the areas below							
Solution management		In this year who will lead the service? [Answer: government, service provider, or co-led]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Solution outcome or impact		What outcome or impact would you like to achieve this year? (Note: Outcome indicators will likely be used for the first two years, and the government or partner and donor should plan for an impact evaluation after two years.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Health areas	List health areas (one area per row) (Ex.) Maternal and child health xxx	How many clients do you hope to reach in this health area through the service? [x] clients	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Services	Hotline Voice messages Short Message Service WhatsApp xxx	For this service, list what health area you will offer in this year. List not applicable if you will not offer it.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Geographic coverage	List health area by geographic coverage	[Insert health area] in [# of district/province/county/and so on]. List specific names if known.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

steering committee and present the background information at the steering committee meeting. The focal point with the planning task force can help facilitate a discussion at a steering committee meeting to help further develop and validate this five-year strategy. The focal point should guide the discussion to ensure the steering committee comes to a consensus on the overall vision of the services.

The strategy is the basis for all other planning. Without a solid strategy, it will be difficult to build out an RFP from service providers or to budget a five-year plan. Establishing even the solution management vision by year will help all stakeholders (government, service providers, donors, and so on) align on the pathway to sustainability from the outset.

ANNEX 3D. SAMPLE TELEMEDICINE OR HEALTH HOTLINE FIVE-YEAR STRATEGY

Background: This sample strategy shows the projection a government may take. Years 1 and 2 are filled as examples. *Service providers should understand the government’s five-year vision and plan accordingly.*

	YEAR 1	YEAR 2	YEAR 3	YEAR 4	YEAR 5
Solution coverage summary of table	Reach 50,000 clients for MNCH by services in two provinces led by social enterprise in order to improve access time with a health personnel by 67 percent	Reach 130,000 clients for MNCH and SRH by providing hotline and voice message service (and WhatsApp for MNCH) in four provinces led by a social enterprise to increase likelihood of having children under two vaccinated by 20 percent	...	...	...
Solution management	Social enterprise-led	Social enterprise-led	Co-led	Co-led	Government-led
Solution outcome or impact	Time with health personnel increase from 3 minutes (in facility) to 5 minutes (hotline)	Increased likelihood of having children under two vaccinated from 75 to 95 percent	...	...	...
Health areas	MNCH	50,000 clients	70,000 clients	...	...
	SRH	n.a.	60,000 clients	...	...
	All Health Topics	n.a.	n.a.	...	...
Services	Hotline	MNCH	MNCH, SRH	...	...
	Voice messages	MNCH	MNCH, SRH	...	...
	SMS	n.a.	n.a.	...	...
	WhatsApp	n.a.	MNCH	...	...
	xxx	n.a.	n.a.	...	...
Geographic coverage	MNCH: Province 1, 2	MNCH, SRH: Province 1, 2, 3, 4	...	...	...

Note: MNCH = maternal, newborn, and child health; n.a. = not applicable; SMS = Short Message Service; SRH = sexual and reproductive health.

ANNEX 3E. SCOPE OF GOVERNMENT COMMERCIAL ENGAGEMENT WITH THE PRIVATE SECTOR: REFERENCE MATERIALS

After the government has defined the five-year strategy, it should be possible to determine whether it is aiming for an outsourced or in-house solution. During the strategy development period, service providers should provide costing information to the government so it can understand the cost differences between different service options. During the RFP phase, the government will indicate a preference for either outsourced or in-house telemedicine or health hotline services. The information in this annex details the advantages and disadvantages, from the government's perspective, of choosing to outsource or to manage the service in-house.

In-house solution management

Definition: Government sets up the service on its own premises, using its own equipment and staff to both manage and operate the solution.

IN-HOUSE SOLUTION MANAGEMENT	
ADVANTAGES	DISADVANTAGES
Total control over activities of solution workers	Significant capital investment in site and equipment
Potentially lower labor costs depending on salaries	Potentially difficult to approve additional positions if required to add employees
Potentially stronger solution ownership inside ministry of health	Strong switching costs if opting later for an outsourced solution

In this scenario, the government would seek service providers to supply hardware, software, or both. Cost estimates should be based on information provided by the government such as total staff, the size of the facility (in square feet), and the guidelines for specification defined in the telemedicine or health hotline cost model. The Telemedicine or Health Hotline Cost Model in annex 5B provides information on the components of the solution’s cost structure, both start-up and ongoing costs.

Outsourced solution management

Definition: The government has a service provider manage and operate all or part of the solution. *Manage* means the service provider will ensure the setup and ongoing operations of the site, labor, and information and quality management systems, as agreed with the government. *Operate* means the service provider will execute day-to-day tasks, including answering calls, providing recorded messages, and capturing caller information as required by the government.

OUTSOURCED SOLUTION MANAGEMENT	
ADVANTAGES	DISADVANTAGES
Little or no capital expenditure in site, equipment, or maintenance	Potentially higher labor costs depending on salaries
Easier to add resources if needed as call volume increases	Potentially weaker solution ownership inside the ministry of health
Access to private sector expertise in operating technology, call forecasting, and labor planning	Requires government to provide and enforce clear regulations on client data, and to develop strong private sector collaboration skills

The outsourced solution option can use one of two potential models.

OUTSOURCED SOLUTION MANAGEMENT	
MODEL 1. INTEGRATED OUTSOURCED MANAGEMENT	MODEL 2. HOSTED OUTSOURCED MANAGEMENT
<p>Definition: The government uses the service provider’s existing call center location, assets, and people.</p> <p>Advantage: No capital expenditure and very fast implementation time.</p>	<p>Definition: The service provider hosts the solution on its premises but uses some government resources (equipment, software, or employees), or the service provider sets up and manages a call center on government premises, either with its own resources or with a mix of government and its own resources.</p> <p>Advantage: Will depend on choice of scenario.</p>

ANNEX 3F. EDITABLE GOVERNMENT ONE-YEAR ROAD MAP TEMPLATE

Purpose: The one-year road map helps governments plan out major milestones and tasks that they, and their chosen partners, plan to accomplish in the first year of solution planning, setup, and implementation in line with the five-year strategy. *Service providers should use this road map to understand the government's timelines and key milestones before developing their own detailed implementation plans.*

Timing: The planning task force should complete this road map after the steering committee has developed the five-year strategy and private sector strategy.

Instructions: The planning task force should individually get input from members of the steering committee to understand the parameters affecting timing for planning and implementation. Ideally, the planning task force would then meet as a group to align on the activities by phase and timing for each milestone or set of activities.

Activities by phase	Year 1												Year 2
	1	2	3	4	5	6	7	8	9	10	11	12	1
Phase 0: Assess Basic Requirements and Express Interest	▲												
Identify country meets basic political stability and technical considerations	▲												
Phase 1: Scope and Design Solution													
Establish focal point and planning task force	▶												
Conduct predesign scoping for health area and target audience	▶												
Conduct landscape analysis of in-country service providers	▶												
Complete initial high-level functional design draft of telemedicine or health hotline services	▲												
Phase 2: Develop Strategy, Implementation Road Map, and Budget													
Establish cross-sectoral decision-making steering committee	▲												
Validate initial functional and technical design with steering committee	▲												
Develop five-year strategy (including sustainability plan)	▶												
Develop private sector strategy	▶												
Begin conversations with MNOs on potential to zero-rate calls and establish short codes	▶												
Develop one-year road map	▶												
Release RFQ to get costing and preliminarily select service provider partners	▲												
Cost five-year strategy and one-year road map according to RFP budgets	▶												
Validate five-year strategy, one-year road map, and budget	▲												
Phase 3^a: Secure Funding for Startup													
Start-up funding secured	▲												
Establish MOU with MNO to zero-rate calls and establish short codes	▲												
Phase 4: Establish and Implement Solution^b													
Hold steering committee meetings quarterly	▲												
Finalize technical design and contract	▶												
Build additional content and validate with government	▶												
Begin user testing with refined design testing	▶												
Train hotline workers on new scope or telemedicine practitioners on the platform	▶												
Advertise service	▶												
Implement	▶												

Note: MNO = mobile network operator; MOU = memorandum of understanding; RFP = request for proposal; RFQ = request for quotation.

a. This road map assumes funding is identified. Phase 3 milestones listed above include only the MNO-related activities. Phase 3 funding can take a long and unspecified period of time.

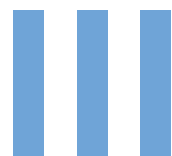
b. Phase 4 | Establish, Implement, Scale, and Sustain, but scale and sustain are not in scope for a one-year road map.

NOTE

1. For an explanation and example of a RACI chart, see Haworth (no date) at <https://thedigitalprojectmanager.com/projects/leadership-team-management/raci-chart-made-simple/>.

REFERENCES

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Understand Technical Considerations and Produce a Winning and Realistic Proposal and Cost Estimate

This section helps service providers think through the technical considerations of providing direct telemedicine or health hotline software or technology services to the government. It also provides service providers with tips on how to develop a strong proposal to respond to a government's request for proposals or request for quotations.

Understand Technological Considerations When Contemplating Providing Services to the Government

Chapter 4 addresses both the technology and the government regulatory considerations important when providing nationwide telemedicine or health hotline services.

Considering the detailed technical requirements when designing services is important for ensuring successful solution adoption and sustainability. These requirements include technological designs that enable easy adoption and sustainability by the government, as well as compliance with regulations related to data protection, medical regulations, cybersecurity, mobile network operator regulations, and system integration.

This chapter presents the following tool:

- *Typical Challenges of Working with Government Technical Requirements and Mitigating Actions Checklist (annex 4A)*

UNDERSTAND GOVERNMENT'S FUNCTIONAL AND TECHNICAL CONSIDERATIONS

Government health programs can have unique needs that affect the design of telemedicine or health hotlines. The Typical Challenges of Working with Government Technical Requirements and Mitigating Actions Checklist in annex 4A can help service providers not only to prepare a winning technical proposal but also to help set up the service for long-term success.

Consider adding technologies or partnerships to ensure service can meet demand

A nationwide service will likely have high demand, and a service provider will have to consider if it has sufficient existing staff to meet that demand. Although service providers can expand staffing, they could also look for additional

partners that have technologies that could be integrated to help meet the demand, particularly those partners with artificial intelligence or prerecorded messages.

Reaching large and diverse populations requires identifying the target audience. Furthermore, knowing the target audience will help when considering which channels to use, such as Unstructured Supplementary Service Data, Short Message Service, voice calls, interactive voice response, video conferencing, or social messaging platforms like WhatsApp and Facebook Messenger. Table 4.1 shows some of the large or global potential telemedicine

TABLE 4.1 Indicative list of telemedicine or health hotline service providers serving Africa

GEOGRAPHIC COVERAGE	INTERVENTION OR COMPANY NAME	RELEVANCE TO PROJECT
<i>Telemedicine providers</i>		
Africa (multiple)	Zencey (https://www.zencey.com)	Telehealth app that connects patients anywhere in Africa with doctors in Africa, Europe, and the United States. It has offices in Côte d'Ivoire and the United States.
Africa (multiple)	Mbaoua Group (https://www.mbaoua.com)	Consultancy group that works to strengthen health systems in Africa. Its work includes telehealth, health technology, and delivery systems.
Africa	OneMed Pro (https://www.myhealthafrica.com/onemed-pro)	Secure virtual medical consultation platform for health care practitioners in Africa.
France, interested in expansion to Africa	Maiia (https://www.maiia.com)	Telemedicine operator in France with interest in expanding to Africa.
Germany, interested in expansion to Africa	Umlaut (https://www.umlaut.com/en/)	Telemedicine operator with interest in expanding to Africa.
Global	AMD Global Telemedicine (https://amdtelemedicine.com)	Operates telemedicine programs in 100 countries including Botswana, the Arab Republic of Egypt, Kenya, and South Africa.
Global	Evitalz (https://www.evitalz.com)	Global telehealth operator that offers software and telemedicine solutions for rural health.
Global	GlobalMed (https://www.globalmed.com)	Designs, builds, and perfects telehealth innovations in Africa. Based in the United States with an office in Côte d'Ivoire and projects in Cabo Verde and Zimbabwe, and other regions of the world.
Global	healthline.com (https://www.healthline.com/health/best-telemedicine-iphone-android-apps)	Telemedicine apps listing site.
Global	World Telehealth Initiative (https://www.worldtelehealthinitiative.org)	Telehealth operator that provides services in Ethiopia, Guinea, Malawi, Togo, and other countries.
<i>Health hotline/chatbot/IVR providers</i>		
Africa (multiple)	Ada (https://ada.com)	Client-facing clinical artificial intelligence app. It operates in Kenya.
Africa	Click Mobile (http://www.click-mobile.com)	Leading mobile messaging and solutions provider with a presence in Botswana, Ghana, Kenya, Malawi, Zambia, and Zimbabwe, offering messaging, USSD, airtime, voice, and system development and support services.
Africa (multiple)	Praekelt (https://www.praekelt.org)	Provider of health information chat lines via WhatsApp, SMS, or USSD. It operates in the Democratic Republic of Congo, Mozambique, South Africa, and other countries.
Global	Babylon (https://www.babylonhealth.com/en-gb/about)	Health hotline service that started in the United Kingdom and now operates in Rwanda and other countries globally.

continued

TABLE 4.1, continued

GEOGRAPHIC COVERAGE	INTERVENTION OR COMPANY NAME	RELEVANCE TO PROJECT
Global	MobiWeb (https://www.solutions4mobiles.com/company)	One of the largest SMS providers in the world and a licensed telecommunications service provider in several countries. It is headquartered in Hong Kong SAR, China.
Global	RapidPro (https://community.rapidpro.io)	Open-source SMS-based mobile service provision app that enables connecting to multiple communication channels (such as SMS, voice, USSD, and social media), sending messages in multiple languages, and interoperating with external systems. Developed in collaboration between UNICEF and Nyaruka, a Rwandan software firm.
Global	TextIt (https://textit.com)	Leading bot platform. Easily build scalable, interactive chatbots on any channel without writing any code. It can be used on Facebook, WhatsApp, SMS, and so on.
Global	Twilio (https://www.twilio.com)	Provider of suite of health information services including telemedicine, health chat, and IVR messaging. Health care is one of its focus areas.
Global	Viamo (https://viamo.io)	Provider of suite of health information services including health chat and IVR.

Source: Original table developed for this publication.

Note: IVR = interactive voice response; SMS = Short Message Service; USSD = Unstructured Supplementary Service Data.

and health hotline/chatbot service providers in Africa and globally. By no means exhaustive, this list does not intend to favor or discredit other service providers; it focuses primarily on providers that operate or plan to operate in multiple countries in Africa. Many local in-country providers may also exist with these different technologies, or the capacity to build them.

Creating a multichannel telemedicine or health hotline service may require working with more partners or working with multiple technologies and integrating them over time. Multichannel approaches can be more complex, but it is worth planning early on how and when to expand to new channels to reach more people and to give clients and patients more choices for seeking and receiving health information and services.

Regulatory considerations

Regulations are crucial in making sure that telemedicine or health hotline services operate within acceptable frameworks. The following checklist provides potential regulations and likely organizations the service provider will need to talk with.

REGULATION CATEGORY	TYPICAL ORGANIZATION
Issuance and management of short codes	Telecommunications authority
Setting airtime rates	Telecommunications authority
Determining allowable services via telemedicine or health hotline	Medical councils

Data and privacy protection

Most governments have regulations on access to health data, including access to patient-level data and in-country hosting of health sector data. Refer to each country's health strategy and rules for specific considerations. Some countries' health strategies stipulate that all health information systems must comply and interoperate with existing health systems to allow for secure data exchange.

Connectivity requirements

Another consideration is how the solution connects with users and how the systems (interactive voice response, hotline software, and so on) connect to one another. Regarding network connectivity, most governments have a governmentwide area network that runs through government departments. If a telemedicine or health hotline service is located in government facilities, it can leverage this area network to cut down on internet costs and ensure that the facility runs without the need for external network providers. Regardless of its location, the service should have a backup internet link in place. The final decision on internet choice will need to weigh the cheapest option against networks that offer resiliency with good-quality links and bandwidth. Considering the sensitive nature of health information, the service should also ensure that links have the best firewall protection.

When a country has several mobile network operators (MNOs), it is critical that they all participate in the solution implementation to ensure better coverage for the population. Efforts should be made to ensure that the technological design includes all major MNOs to ensure universal coverage/access of services and avoid a scenario in which the service is exclusive to one MNO. Achieving universal coverage may require working with the government and regulators.

Warranty and maintenance

Governments choose services that provide adequate warranty or ongoing maintenance and operations after initial service startup. Doing so ensures sustainability of the implementation and ensures that those taking over support are well trained before handover. Depending on the availability of technical support, the government can decide to use its own staff, hire information technology support services, or ask a service provider to train government staff.

Interoperability

Government health systems often use hundreds of existing software platforms and data systems. Governments may be required to choose software platforms and services that are scalable and integration-ready (with a documented application programming interface) and that can work within national health information system architectures and health information exchanges. These requirements ensure that data are available for other health systems. The OpenHIE community is a great resource for practitioners and government leaders to learn more about interoperability.¹ Additionally, using open standards will provide for ease of interoperability, including HL7 International's FHIR² for communication standards and SNOMED, ICD, and LOINC, among others, for clinical content.³

The most important government systems to consider for interoperability are

- Health facility master list (useful for making referrals to facilities);
- Patient/national health identification (useful for connecting with patient health records); and
- Health worker registry (useful for identifying official government health staff).

ENSURE CYBERSECURITY

Cybersecurity is “the practice of protecting systems, networks, and programs from digital attacks.”⁴ These cyberattacks (<https://www.cisco.com/c/en/us/products/security/common-cyberattacks.html>) usually aim at “accessing, changing, or destroying sensitive information; extorting money from users via ransomware; or interrupting normal business processes.”⁵ Data breaches—which cause enormous loss and tarnish companies’ reputations, often resulting in lawsuits—have become notorious across the media in the past few years. Cyberattacks in telemedicine or health hotline services typically involve illegally gaining access to communication networks and listening in on conversations, gaining access to patient/caller private information, or gaining access to communication servers and systems to steal airtime or make malicious, expensive calls. Numerous laws and regulations, both international and country-specific, deal with cybersecurity. For instance, Malawi’s Electronic Transactions and Cyber Security Act of 2016 prohibits and imposes heavy fines on unauthorized access to, interception of, or interference with data and computer systems.⁶ As one way of preventing unwanted cyberattacks, governments may also require local servers.

Because these laws and regulations can be executed only after a digital attack, prevention matters. MNOs, and any other service providers, must clearly articulate who has the responsibility for setting up any protective security measures in the system. Doing so will help avoid blame and strained relationships if a cyberattack does occur. Cybersecurity measures include the use of firewalls, antivirus software, intrusion detection and prevention systems, encryption, and login passwords to systems and devices. Also important are ongoing training and reinforcement with staff about security and privacy expectations, including how to identify and report suspect activity.

UNDERSTAND GOVERNMENT’S ABILITY TO MAINTAIN AND UPGRADE SYSTEMS

Governments may not understand technology well enough to plan adequately for ongoing maintenance and upgrades; therefore, service providers should help governments understand these ongoing expenses. Proactively discussing such costs in advance will ensure the service can function sustainably and successfully over time.

Because of budget constraints, governments may not plan significant upgrades or improvements of the service, or such upgrades may happen only after many years. Sometimes, outside donor funding or an emergency situation (such as a pandemic) may be the critical factor that drives government service upgrades. Working with donors can be complex, but they can be an important source of funds for improvements the government could not make on its own.

ANNEX 4A. TYPICAL CHALLENGES OF WORKING WITH GOVERNMENT TECHNICAL REQUIREMENTS AND MITIGATING ACTIONS CHECKLIST

Purpose: The Typical Challenges of Working with Government Technical Requirements and Mitigating Actions Checklist gives service providers insight into potential challenges of working with government technical requirements and suggests some critical actions that providers can take. This checklist is intended to help service providers both to prepare a winning proposal and to set up the program for long-term success.

Timing: Review this checklist **before submitting the proposal** to the government. If selected, **review this checklist again** to ensure all measures are built into any planning from the outset.

Instructions: The appointed service provider personnel responsible for answering the request for proposals should review and use this checklist when preparing the proposal. Once the service provider has been selected, the manager responsible for overseeing implementation of the program with the government can use this checklist when developing an implementation plan.

REVIEW BEFORE OR ONCE CONTRACTED OR BOTH	RISK	MITIGATING ACTION
Requirements/design		
Before	Lack of detailed government requirements or specifications	<ul style="list-style-type: none"> Put extra attention to identify target audiences/users: Build in activities and cost for user-centered design and functionality needs. Propose additional requirements, or identify gaps and note them. Build any hardware investments needed to meet the technical requirements (cameras, computers, headsets, phones, and so on) into the plans and budgets. Build in demand generation activities and budget (the service is only good if it is used).
Both	Lack of clarity of scope	<ul style="list-style-type: none"> Put specific boundaries and expectations on scope, activities, deliverables, and service capacity/quantities; identify gaps where you need more information to provide a specific cost quote; and consider agile approaches or a short design/scoping phase if needed.
Once contracted	Changing requirements or priorities	<ul style="list-style-type: none"> Use an ongoing project management process to identify and discuss any time requirements or priorities changes, and provide a project governance process for updating plans, including times and costs. See annex 7B for a Service Provider–Government Check-in Checklist.
Request for proposals/quotations		
Before	Complexity of government procurement and request for proposals/quotations rules	<ul style="list-style-type: none"> Make sure you fully respond to all sections/requirements to receive maximum consideration.
Before	Dependencies on government (such as providing a master list of all health facilities)	<ul style="list-style-type: none"> Identify all the dependencies for project success, and identify what will happen to timeline and budget if government does not provide a dependency on time.
Relationship management		
Both	Frequent changes in government contacts, especially with a change in elected officials	<ul style="list-style-type: none"> Conduct ongoing stakeholder engagement, especially during times of transition.
Once contracted	Requests outside of contractual agreements	<ul style="list-style-type: none"> Flag and discuss any additional requests, and be direct about what you can and cannot accommodate. See annex 7B for a Service Provider–Government Check-in Checklist.

continued

REVIEW BEFORE OR ONCE CONTRACTED OR BOTH	RISK	MITIGATING ACTION
Regulatory		
Both	Complex rules, including mobile network operator, telecom, and medical council regulations	<ul style="list-style-type: none"> Gather information about regulatory requirements up front, and build time into a work plan to coordinate with regulators as necessary.
Both	Potential for cybersecurity and data privacy breaches	<ul style="list-style-type: none"> Identify data privacy and cybersecurity rules, and plan how to comply with clear expectations.
Connectivity and interoperability		
Both	Low internet connectivity of government	<ul style="list-style-type: none"> Clearly identify when your plans will make use of government resources and the dependencies and expectations involved.
Both	Government interoperability expectations	<ul style="list-style-type: none"> Gather government digital health plans and strategies, and plan for what kinds of interoperability and systems integration may be appropriate.
Ongoing maintenance and upgrades		
Both	Slow government funding cycles for maintenance or upgrades	<ul style="list-style-type: none"> Proactively provide an ongoing operating budget, including maintenance and upgrade costs. Provide analysis that supports the value and importance of the maintenance and upgrades, and that the government can use for advocacy during funding planning cycles.

NOTES

1. For more information, visit the OpenHIE website (<https://ohie.org/>).
2. For more information on FHIR (Fast Health Interoperability Resources), visit the HL7 International web page on this specification (<https://fhir.org>).
3. For more information, see SNOMED International (<https://www.snomed.org>); the World Health Organization's ICD (International Statistical Classification of Diseases and Related Health Problems) home page (<https://www.who.int/standards/classifications/classification-of-diseases>); and the LOINC (Logical Observation Identifiers Names and Codes) home page (<https://loinc.org>).
4. From the Cisco "What Is Cybersecurity" web page ([cisco.com](https://www.cisco.com)).
5. Cisco, "What Is Cybersecurity" (<https://www.cisco.com/c/en/us/products/security/what-is-cybersecurity.html>).
6. For more information, see the Malawi Communications Regulatory Authority web page "Acts" (<https://macra.mw/acts/>).

Develop a Compelling Response to a Government Request for Proposal or Quotation

Chapter 5 helps service providers understand a government's request for proposal or quotation, develop a budget with sustainability in mind, and develop a compelling proposal using evidence, impact, and costing data. This chapter presents the following tools:

- *Government's Telemedicine or Health Hotline Services Terms of Reference Development Checklist (annex 5A)*
- *Telemedicine or Health Hotline Cost Model Tool (annex 5B)*

UNDERSTAND THE RULES ON REQUESTS FOR PROPOSALS OR QUOTATIONS AND GOVERNMENT CONTRACTING

In the request for proposal (RFP) or request for quotation (RFQ), the government should provide terms of reference that cover the following major points:

- Objective of the solution
- Background of the need
- Organizations
- Strategy
- Governance
- Solution scope
- Call center services
- Support services
- Key performance criteria
- Call volume
- Technical requirements

If the RFP/RFQ does not address one or more of these topics, the private service provider should request additional information before responding.

See the Government’s Telemedicine or Health Hotline Services Terms of Reference Development Checklist in annex 5A, which provides a list of information that the RFP/RFQ should include.

Because of the importance of understanding the contractual rules—especially documentation requirements (company background, financial information, and so on)—and specific forms/templates required to sell goods and services to government, the service provider should conduct thorough research before responding to the RFP/RFQ.

WORK WITH GOVERNMENT TO IDENTIFY THE RIGHT SERVICE MODEL GIVEN PRIORITIES

The government has several options regarding outsourcing and will depend on the strategy and capacity of both the government and the service provider. The following sections provide an overview of these choices, which service providers should use in their discussion with the government before submitting their response.

FOCUS ON KEY QUALITY INDICATORS

A service provider also needs to explain how it will ensure the achievement of key quality indicators critical for government oversight. Of the numerous indicators needed to manage a health hotline, two key examples of management indicators stand out:

- *First call resolution rate*: Calculated by dividing the number of calls resolved on the first contact by the total number of calls answered. Because personnel represent the largest cost in any outsourced solution management pricing structure and every caller wants his or her issue resolved quickly, resolving more calls on the first attempt is critical to cost-effectiveness and client satisfaction.
- *Call quality*: Usually comes from the quality control performed by a separate quality assurance team. This indicator allows the government to measure the level of skill, health topics expertise, excellence, and systems knowledge of agents. For example, governments will want to set targets that say x percent (typically 100 percent) of hotline workers score x percent (normally above 80 percent) on their quarterly quality assurance assessments.¹ Quality assurance assessments usually check for adherence to protocols, accuracy of health advice and information, and customer service, weighting health advice and information most heavily.

Objectives for the two key management indicators need to be provided by the government as part of the RFP/RFQ. If the RFP/RFQ does not include these objectives, the service provider should request additional information before responding. Additionally, service providers should include any impact or key outcome data to demonstrate that their proposed solution is proven and of low risk to the government. The more compelling the data, the more likely the government is to choose that service provider over others.

BUDGET WITH SUSTAINABILITY IN MIND

A service provider's response to the government's RFP/RFQ should include both start-up and ongoing costs. *Start-up costs* are nonrecurring costs for acquiring or upgrading fixed assets, such as infrastructure, technology, and equipment required to implement the solution, as well as implementation support time. *Ongoing costs* are part of the day-to-day management of the solution after its initial implementation. They include, among others, the cost of personnel, technology, and telecom fees (see the Telemedicine or Health Hotline Cost Model Tool in annex 5B).

It is important that the service provider describe how costs can fluctuate with call volume, call response time, and the number of calls answered. Service providers can use the Telemedicine or Health Hotline Cost Model to illustrate the link between the number of call agents needed (based on call volume, call response time, and number of calls answered) and the operating costs. Express any costs as cost per hour, the most commonly used industry standard measure. The service provider may need to develop several scenarios for the government to help it better understand the relationships between things such as call volume and cost per hour. Doing so will help the government to make informed choices about the trade-offs between service levels and cost levels.

Key cost ratios (for example, cost per call and cost per agent) will likely show higher costs in the beginning because of lower call volumes when a service first begins. Therefore, providing the government with absolute costs by time period will not be sufficient. When calculating operating costs, service providers need to show how key cost ratios evolve over time primarily on the basis of call volume assumptions. Overall, service providers need to understand the annual budget in which the solution will operate over time as well as the key cost ratios. They will need to understand, during solution design, whether the government can provide the needed information to develop a budget for ongoing operation (beyond the initial implementation period).

ANNEX 5A. GOVERNMENT'S TELEMEDICINE OR HEALTH HOTLINE SERVICES TERMS OF REFERENCE DEVELOPMENT CHECKLIST

Purpose: The Government's Telemedicine or Health Hotline Services Terms of Reference Development Checklist helps governments know what to include in the terms of reference section of an RFP/RFQ. *Knowing what they can expect to see included can help service providers provide an appropriate response.*

Timing: The government will usually release the RFQ/RFP after it has a high-level functional and technical design, a government five-year strategy, and a one-year road map. This RFP/RFQ will include the terms of reference.

Instructions: Although every government has different contracting templates, the government contract officer can use this checklist as a guideline for what to include as terms of reference in the RFP/RFQ. The checklist includes the topic, description, and proposed length (in number of pages).

	TOPIC	DESCRIPTION	LENGTH
1.0 Overview			
	Introduction	Present the overall objective of the request for quotation, including a view of the overall five-year strategy.	0.5 pages
1.1	Background	Explain the history of the need, including scope and key characteristics of any existing solutions; list current performance levels of existing solutions; and list all key locations and assets that will be used.	0.5 pages
1.2	Organizations	Explain the key entities and any existing private sector partners that will be involved in implementing and operating the solution.	0.5 pages
1.3	Strategy	Describe how this solution fits into overall government strategy.	0.5 pages
1.4	Governance	Describe the key stakeholders, champions, and leaders who will provide oversight and decision-making for the request for proposal or request for quotation and the ongoing solution management.	1 page
2.0 Need			
	Introduction	Present the solution scope in terms of health areas, health services, geography, and key targeted health outcomes.	5 pages
2.1	Call center services	List the required services in short sentences with clear sections for outbound calls, inbound calls, and data collection and reporting.	1 page
2.2	Support services	Describe different levels of support for Tier 1, Tier 2, and Tier 3 to specify who should be involved in responding to which requests (call center employees or government staff, and which government staff).	0.5 pages
2.3	Service availability	Describe the target availability, reliability, and response times of service described in section 2.1, including a description of normal hours of operations and scheduled downtime.	0.5 pages
2.4	Key performance indicators	List the top four to five indicators that will be used to measure performance.	0.5 pages
2.5	Call volume	Provide the historical and projected call volume.	0.5 pages
2.6	Technical requirements	Describe the required software and hardware systems (if any).	0.5 pages

ANNEX 5B. TELEMEDICINE OR HEALTH HOTLINE COST MODEL TOOL

Purpose: The Telemedicine or Health Hotline Cost Model Tool helps service providers estimate the costs of the solution associated with country context and country preferences.

Timing: This tool should be completed after gathering the outputs of the five-year strategy and one-year road map.

Instructions: Use the Excel file <<https://thedocs.worldbank.org/en/doc/171067ec8fb7059e81e748392e6406d3-0390012022/original/5B-Telemedicine-Health-Hotline-Cost-Model-WB.xlsx>>. Instructions are on the first tab, and each tab has a different set of inputs.

Entering inputs

Mandatory inputs: The tool has two types of mandatory inputs, namely country context and country preferences, both of which significantly affect the overall cost of implementing and operating a telemedicine or health hotline.

Country context inputs include the following:

- Country name
- Population size

- Annual population growth rate
- Geographical scale to be covered (whole country, provinces, or districts)
- Population size of the scale to be covered
- Size of the scale to be covered
- Population ages 15–29 years of the scale to be covered
- Pregnant women of the scale to be covered
- Mobile network operator subscribers of the scale to be covered
- Active internet users of the scale to be covered
- Epidemic situation of the scale to be covered

All fields are mandatory. When the input cell has an in-cell drop-down option, please select input from the drop-down list.

Country preferences inputs include the following:

- Health topics to be covered
- Target population coverage for each health topic
- Technology to be used
- Target service level
- Operations/solution management

Predefined inputs: So that users can customize the cost model on a country-by-country basis, the Excel file lists separately many parameters/coefficients defined from the Chipatala Cha Pa Foni, or Health Center by Phone, experience in Malawi. The model will be able to correctly estimate the costs of different choices without manually filling in these inputs, but its accuracy can be greatly improved by modifying these values appropriately, because most of these values vary from country to country. These inputs are defined in three categories:

1. Personnel cost
2. Unit cost
3. Cost parameters

It is possible that the service, government, or other private sector partners will provide certain elements for free, such as the vehicle, the facility, or telecommunication services. It is possible that the government does not decide on certain elements, such as the vehicle or the generator. Please make sure that the unit cost of these cost elements is zero.

Unless necessary, kindly do not change the cost parameters (because without a good understanding of the calculation method used in the model, even small corrections can significantly change the cost model output).

Viewing the results

The cost estimate is divided into three main categories:

1. Start-up costs
2. Ongoing costs
3. Technical assistance costs

The *cost model output* provides the overall cost and the staffing required for the solution (estimate based on the Health Center by Phone experience in Malawi).

Comparing in-house and outsourced services costs

This cost model helps users choose the most cost-effective operations management by comparing in-house and outsourced services using the metric cost per productive time of an agent.

NOTE

1. For more information on how quality assurance has been measured in a specific setting, see the quality assurance standard operating procedures in the Sample Implementation Toolkit from Malawi's Health Center by Phone (appendix A).

IV Ensure Ongoing Success of the Solution

This section applies to Phase 4—once the government has selected the service provider and begins contract discussions.

Understanding Contracts, Other Agreements, and Issues Related to Invoicing and Payments

Chapter 6 helps service providers understand what types of contractual arrangements the government may offer for implementing a nationwide telemedicine or health hotline service. It also covers some issues service providers may face with invoicing payments and potential mitigating actions they can take once officially contracted. Unless mobile network operators also provide telemedicine or health hotline services, they will likely help the government with zero-rating calls, advertising, and short codes, and they can therefore skip this chapter. The chapter presents the following tools:

- *Service-Level Agreement Tutorial (annex 6A)*
- *Sample Government–Service Provider Contract (annex 6B)*

SERVICE-LEVEL AGREEMENT VERSUS COMMERCIAL CONTRACT

A commercial contract will typically specify the purpose of the agreement, the major contractual obligations of the commercial entity, and the terms and conditions (including a description of the products and services, prices and payment schedule, any guarantees and warranties, ownership of intellectual property, agreement termination, governing law, and contract modification).

A service-level agreement (SLA) is required if the contract covers a service that will be provided or a product that will be maintained on an ongoing basis, typically for a year or more. If the government has not stated that it will set up an SLA, the service provider should push for one. SLAs require both sides to agree on operational requirements and mutual obligations, and SLAs cover a range of areas, including metrics, performance management, and applicable standard operating procedures. Defining these items early ensures that the government understands what it can demand and protects the service provider from out-of-scope requests. Not all governments (or service providers) have experience with this practice, but it is important for ongoing services.

The timing of SLA development will depend on the maturity of the solution being implemented. If the solution is well developed, then the SLA can be based on the detailed solution design. If the solution design is evolving or likely to evolve, the SLA can be developed but will need to be updated as the solution design changes. The potentially evolving nature of the SLA distinguishes it from the contract and positions the SLA as an important management tool used to implement the contract. The Service-Level Agreement Tutorial in annex 6A provides details on the typical content of an SLA and the approach to take in developing one.

GOVERNMENT INVOICING AND PAYMENT CONSIDERATIONS

Each government will have its own supplier invoicing and payment practices, which should be detailed in the commercial contract. For the service provider, the most important point is to clarify what procedures it needs to follow to get the needed approvals to be paid in a timely fashion. Even with built-in deliverable timelines and invoices, some service providers have experienced delays in receiving payments from governments for a variety of reasons (political unrest at the time of payment, fund disbursing issues, and so on). Addressing these issues requires identifying the focal point and understanding how to avoid them when possible.

As a general practice, the service provider will likely receive one of the following contracts:

- A *deliverable-based contract* (for reports, studies, completed activities, and so on) should specify what constitutes completion of a deliverable, the approval process, validation roles and responsibilities, the maximum period for deliverable approval, and the procedure to follow in case of disagreement.
- A *performance-based contract* should define the performance metrics that will be used, targets to be achieved within a time period, performance calculation rules, roles and responsibilities for calculation, the maximum period for validation, and the procedure to follow in case of disagreement.

If possible, understanding which deliverable-based and service-based contracts the ministry of health or its contracting agency currently manages could be helpful, because they are likely the key reference points for any new contracts.

See the Sample Government–Service Provider Contract in annex 6B for ongoing maintenance of a hotline software and messaging service, including interactive voice response.

ANNEX 6A. SERVICE-LEVEL AGREEMENT TUTORIAL

Purpose: The Service-Level Agreement Tutorial (<https://thedocs.worldbank.org/en/doc/9ee7ff265c220daffa8f3d61a3f9fa06-0390012022/original/6A-Service-Level-Agreement-Tutorial.pptx>) explains to governments and service providers the differences between an SLA and a contract, and it provides a high-level outline of what sections should be included in an SLA with a service provider. Because every government's template will be different, this outline is intended to provide general guidance.

Timing: The ministry of health will develop the SLA once it has secured funding and is ready to contract with a service provider. *If the government has not proposed an SLA, the service provider should push for one to be mutually established.*

Instructions: The appropriate ministry of health department that has overall oversight for designing, implementing, and operating the solution will work with the service provider partner to develop the SLA on the basis of the agreed technology, services, and scope identified during the strategy, road map, and costing validation process. The SLA generally includes the following elements:

- Statement of intent
- Scope
- Metrics and performance monitoring
- Planning and governance
- Deviations from standard processes and SLA
- Escalation and issue resolution
- Signatures

ANNEX 6B. SAMPLE GOVERNMENT-SERVICE PROVIDER CONTRACT

Background: The Sample Government–Service Provider Contract (<https://the-docs.worldbank.org/en/doc/19dcfd9e7375f14251eaa290061f711e-0390012022/original/6B-Example-Government-Vendor-Contract-for-Service-Provider-Toolkit.pdf>) is based on an actual contract between a government ministry of health and a service provider for ongoing maintenance of a hotline software and messaging service, including interactive voice response. There may be a separate scope of work in a memorandum of understanding or SLA, but the body of the contract lists some sample items. All identifiers for both the government and the service provider have been removed. Because every government is different, contracts may be different; this contract is just an example.

Addressing Potential Challenges to Sustainable and Quality Services

Chapter 7 helps service providers set up an implementation plan in line with the government's five-year strategy or sustainability plan, the one-year road map, and any official contract with the government. It also provides guidance for establishing quality indicators to ensure quality services and for understanding how to work with the governments to ensure the provision of high-quality and up-to-date health information. The implementation plan helps to ensure alignment between the government and the service provider, and sustainability and quality of the services.

This chapter presents the following tools:

- *Implementation and Planning for Sustainability from the Outset Checklist for Governments (annex 7A)*
- *Service Provider–Government Check-in Checklist (annex 7B)*

WHAT TO CONSIDER WHEN DEVELOPING A DETAILED IMPLEMENTATION PLAN

Once a service provider receives notification that the government has selected it to provide services, it begins the important process of detailed implementation planning. The first step will be developing a work plan that aligns with the contractual obligations, as well as with the government's strategy and road map. *Planning National Telemedicine and Health Hotline Services: A Toolkit for Governments* (World Bank 2023), which complements this toolkit for service providers, gives governments an Implementation and Planning for Sustainability from the Outset Checklist (see annex 7A). This checklist provides the government with guiding questions on how to plan with the selected partner for initial implementation of services. Service providers should go over this checklist with the government to ensure alignment and to make work much easier in the long term.

ADDRESS CHALLENGES IN PRODUCING QUALITY SERVICES

Several challenges in working with the government may affect the provider's ability to produce sustainable quality services. Understanding these challenges and addressing them from the outset will help the government and service provider avoid gaps in service. Table 7.1 shows potential risks, how those risks may affect service quality, and potential mitigating actions. This table is not exhaustive, because risks will be specific to the relationship between governments and service providers. Risks related to internal training, poor staff performance, and issues with the technology itself are internal to the service provider and therefore out of scope for table 7.1.

TABLE 7.1 Risks to quality and mitigating actions

RISK	POTENTIAL TO AFFECT SUSTAINABILITY AND QUALITY	MITIGATING ACTIONS
Funding gaps after the first year of the contract	<ul style="list-style-type: none"> Although the services may be built into the strategic plans and overall budgets, detailed budgets are done on a yearly basis and may change with government funding availability and priorities. Such changes could cause a reduction in funding that could stop, pause, or limit the service. Even 24-hour dips in the ability to reach the service or long delays before reaching the service will make users less likely to use the service, and demand will decrease. Reduction in funding may result in the need to reduce the number of operators or change the scope of service to reduce callers. 	<ul style="list-style-type: none"> Continue to be aware of budgeting cycles, and work with the government focal point during budget planning to make sure the government continues to prioritize the services. Develop a plan with the government to co-raise funding and provide impact and quality data to advocate to funders. If a drop in budget amount occurs, ensure documented discussion about what the reduction means in terms of which scope or parameters need to change. Do not agree to do the same amount of work for a reduced price, because the quality will fall.
Health area (or technical) scope creep	<ul style="list-style-type: none"> As the service gains recognition, governments tend to want to expand health areas and scope, often without additional funding. Adhering to these requests may spread the staff thin and could cause drops in quality or access to the service. For example, if a service covers maternal, newborn, and child health (MNCH) and expands to sexual and reproductive health, the audience will expand, making demand increase; telemedicine or health hotline workers may also answer a wider range of topics, which means the service might have a reduced ability to meet demands (drops in percentage of calls answered) or dip in quality of information (if the right staff is not in place or trained on the new topics). 	<ul style="list-style-type: none"> Ensure the contract clearly states what topics and audience are in scope. Especially note if new content requires additional funding for staffing, content development, or technology additions. Remind the government of the contract, and explain how different additions may affect quality. Staff according to strategic scope—that is, for a health hotline, if the government wants MNCH in the first year but will expand to all health topics over five years, use nurses or above, who already have training and knowledge needed, rather than laypeople trained to answer MNCH questions with frequently asked questions responses.
Unrealistic parameters or measures of quality and impact	<ul style="list-style-type: none"> The government may expect 100 percent of calls answered, no delays in call waits, and 100 percent quality of calls. Such unrealistic targets could stress the telemedicine or health hotline providers and cause them to shorten call times when a caller needs a longer time to ask questions. 	<ul style="list-style-type: none"> Work with the government on establishing realistic parameters and note the costs for increased parameters. For example, during COVID-19, the number of calls answered by Malawi's Chipatala Cha Pa Foni (Health Care by Phone) dipped significantly because of increased demand, and the wait time went up; in response, the government advocated for donor funding to add temporary hotline workers.

continued

TABLE 7.1, *continued*

RISK	POTENTIAL TO AFFECT SUSTAINABILITY AND QUALITY	MITIGATING ACTIONS
Quickly changing health information and practices	<ul style="list-style-type: none"> The services are only as good as the quality of the information that informs them. 	<ul style="list-style-type: none"> Build performance indicators into the system to monitor percentage of calls answered so that these indicators can be addressed or used as data for advocating for additional resources. Have a detailed quality assurance plan in place to track how different demands affect quality. For health information changes, see the section in the main text on developing a plan with the government to monitor quality and update health content. To keep up with changing medical practices, the service provider should ensure that telemedicine service physicians are certified according to government standards to ensure they have the latest medical training. Keep these certifications on file, and ensure compliance with regulatory bodies.

Source: Original table developed for this publication.

Develop a plan with government to monitor quality assurance, and update health content regularly to ensure compliance with the latest policies and information

Ensuring a strong relationship between the government and the service provider requires open and honest communication, as well as clearly documented roles and expectations. The Service Provider–Government Check-in Checklist in annex 7B has a list of items to discuss during regular check-ins with the government focal point. This list and the frequency of meetings may change over time. The solution might require weekly (or more frequent) meetings at the beginning and move toward monthly meetings once the service is established under government stewardship. Ongoing monthly meetings are recommended. The meetings provide the opportunity to discuss any of the challenges noted in table 7.1 and any of the changes to health protocols discussed in this section. Ensuring both sustainability and quality of service will require careful and constant coordination.

Ensure ongoing service quality

It is important for the government and service provider to agree on quality assurance measures. Meeting these measures will ensure users of the service are satisfied and ideally lead to behavior change and improve health outcomes. Additionally, quality assurance measures can be used to co-advocate for funding.

Using quality assurance standard operating procedures (SOPs) and the corresponding performance scorecard is one of the best ways to ensure this. This scorecard should include

- The overall rating by the reviewer (supervisor or dedicated quality assurance reviewer in countries that have quality management or assurance departments) of each telemedicine or health hotline physician/worker after assessment;

- Whether the telemedicine or health hotline physician/worker accurately documented the purpose of the call (health topic the caller is asking about) in the system;
- Whether the telemedicine or health hotline physician/worker completed registration of the caller and gave the caller information on what services are available;
- Whether the telemedicine or health hotline physician/worker gave accurate and recent health advice and information (highest weighted); and
- Whether the telemedicine or health hotline physician/worker practiced good customer care in accordance with the protocol (greetings, conclusion of call, next steps for caller, general customer care, audibility, concentration, professional/nonjudgmental response, and general friendliness).

In codeveloping the SOPs, the service provider and government should agree upon the frequency of checks, minimum standards (that is, 80 percent minimum scoring for all physicians/hotline workers on quarterly reviews), and how to conduct the checks. It also requires thinking through the practical technical requirements that affect the ability to conduct the quality assurance checks. The Sample Implementation Toolkit from Malawi's Health Center by Phone in appendix A contains a sample quality assurance SOP under SOP 10.

Because health information changes regularly, a service provider—whether working with the government or not—needs to be aware of and build in regular time and procedures to update health information to provide consistently high-quality, timely, and accurate information. The service provider should first work with the government to develop or adapt and validate any content and any other reference materials used. This validation can take time and should be built into the implementation planning and budgets; once in place, it should be built into the quality assurance monitoring.

Dedicate someone to monitor the latest fast-changing information

Keeping up with fast-moving disease outbreak information, like COVID-19 or Ebola, requires that someone in the service provider organization monitors the latest information. This person should know

- The latest information on prevention, symptoms, testing, and treatment/care (when applicable) and statistics from internationally approved sources like the World Health Organization;
- The government-approved, country-specific guidelines and regulations, travel restrictions, and locations of treatment centers;
- The government-approved, country-specific demographic information;
- The phone numbers of any treatment centers, surveillance hotlines, emergency hotlines, or psychosocial hotlines related to the disease; and
- The frequently asked questions (collate questions to ensure accurate responses).

As that person monitors the information, it is critical to ensure that any physicians or hotline workers have and give callers the latest health information to answer callers' questions. Providing this information will involve setting up regular training sessions as well as updating any automated information (if applicable) on interactive voice response, Short Message Service, or WhatsApp.

It helps to have a 5–10 minute daily check-in with all relevant staff (those answering calls) to share any emergent information and to find out what questions callers are asking. The formal training on the topic may be short (30 minutes) and as frequent as once a week for fast-moving diseases. Service providers should stagger trainings or meetings to ensure that users of the service have consistent access to physicians/hotline workers during hours of operation. As information on the disease stabilizes, training may go down to every other week or once a month. As stated in table 7.1, clearly delineating what is in scope and out of scope on the contract and what needs additional funding should be done in writing to avoid any confusion. Responding to disease outbreaks with constantly changing information can be time consuming and can also create high demand for services; therefore, the service provider should budget for such potential outbreaks. Budgeting for outbreaks is not built into the cost model; it should be done as the need arises, because the information and variables would be very specific to each particular outbreak.

Create a regular cadence to update standard health information

Health information concerning topics like maternal, newborn, and child health; noncommunicable diseases; and HIV will still need to be regularly updated, but with much less frequency. Someone at the service provider organization should work with the government to ensure the provider is on any government circulars, email/WhatsApp distribution lists, and related technical working groups to stay up to date on topical health information. At the very least, the service provider should have a monthly check-in with the focal point at the ministry of health to ask questions about any changes in information by health area and adjust training and frequently asked questions accordingly. Data and other information on the service should be given to a wider audience, including steering committee members, on at least a quarterly basis. Any standard content existing in the systems that helps the telemedicine or health hotline workers answer calls will also need to be updated. The service provider and the government will need to decide the cadence for these updates and budget for the cost.

ANNEX 7A. IMPLEMENTATION AND PLANNING FOR SUSTAINABILITY FROM THE OUTSET CHECKLIST FOR GOVERNMENTS

Purpose: The Implementation and Planning for Sustainability from the Outset Checklist provides the government with guiding questions on how to begin planning with the selected partner for initial implementation of the telemedicine or hotline services. This planning would be done with scale and sustainability in mind from the beginning. Detailed implementation plans should be developed quickly after. *Service providers should be aware of the government’s checklist and work through it with the government to ensure close collaboration and mutual understanding.*

Timing: This table should be completed after the government has

- Selected a service provider and
- Established a preliminary contract.

Instructions: This checklist should be filled out by the government program manager together with the service provider program manager. Many of these items should already have been completed in the initial design, planning, and strategy; this checklist offers a chance to check on each step. Click “Yes,” “No,” or “n.a.” (not applicable). The use of “Yes”/”No” is meant to make sure the service provider does not forget any critical conversations or items. Rather than an extensive plan, the checklist is a tool to guide planning for sustainability from the outset. For any “No” response, develop action points for addressing these items in the planning tools.

#	STRATEGIC AREA	GUIDING QUESTIONS	YES/NO/N.A.
1	Identifying key counterparts and approach	Have you identified the decision-making focal point within the government?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> n.a.
		Has the government identified any additional on-the-ground partners (implementing/private) needed to implement and operate the solution in the long run?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> n.a.
		Has the government identified any additional private sector or other partners that might implement different elements of the solution aside from the primary implementer (for example, for added capabilities—WhatsApp or interactive voice response)?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> n.a.
		Has the government established other relationships needed to negotiate competitive ongoing costs for the government (for example, with mobile network operators)?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> n.a.
		Has the partner/government/funder identified how the solution will be run and paid for in the long run?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> n.a.
2	Stakeholder alignment	Have the partners discussed roles and responsibilities of the different partners?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> n.a.
		Is there documented agreement by all partners on roles and responsibilities (in the form of a signed letter, memorandum of understanding, signed plan, RACI [responsible, accountable, consulted, and informed] chart, or the like)?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> n.a.
		Has everyone agreed on the data sharing stipulations and monitoring and evaluation indicators? (See the monitoring and evaluation section of this tool for details.)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> n.a.
		Does the government have a technical working group or other network of stakeholders to work with to drive forward implementation and decision-making? (Note: Having such a group will also help with sustainability planning.)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> n.a.
3	Formative assessment	Have there been discussions with key in-country stakeholders and partners on how the existing solution will be adapted to fit the government’s specific needs? Consider specific areas for potential adaptation/tailoring around the following:	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> n.a.
		Solution design—for example, does the solution have elements that need to be adjusted for, given the technical design needed?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> n.a.
		Community engagement/sensitization	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> n.a.
			<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> n.a.

continued

#	STRATEGIC AREA	GUIDING QUESTIONS	YES/NO/N.A.
		Resource availability	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> n.a.
		Financial management	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> n.a.
		Government strategic alignment	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> n.a.
		Policy and regulation	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> n.a.
4	Solution description	Is the solution documented in a format accessible to all relevant stakeholders in the receiving country?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> n.a.
		Has the solution been tailored/adapted to fit the specific needs and context of the country according to the formative assessment?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> n.a.
		If not, is there a plan for what needs to be done to tailor/adapt it (needs, plan, and resources)?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> n.a.
5	Resource availability	Have the partners agreed what level of personnel is needed to manage and operate the solution?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
		If the plan is to eventually embed the actual operation into government systems, do the jobs and positions needed for this solution exist in the government's current, established human resource list?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> n.a.
		If the plan is to embed operations but the jobs and positions do not exist in the established human resource list, is it known what the plan would be to get them added in the long run?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> n.a.
		Do the people who will operate, maintain, and evaluate the solution have the skills required?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> n.a.
		If the government will eventually operate the service, does the government/partner have the buildings, equipment, and technology (if applicable) necessary to manage and operate the solution?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> n.a.
6	Financial management	Have projected solution costs for startup been updated according to the final solution's functional and technical design as determined with the service provider?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> n.a.
		Have projected solution costs for scaling been updated?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> n.a.
		Have projected solution costs for ongoing implementation been updated according to the government's specific needs, its context, and elements the government has decided to move forward?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> n.a.

continued

#	STRATEGIC AREA	GUIDING QUESTIONS	YES/NO/N.A.
		If real or potential funding gaps from government sources exist, is there a strategy in place to cover funding gaps?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> n.a.
		If the government will take over direct payment in the long term, does it have the necessary mechanisms in place to disburse funds and to contract, as needed, for any elements it does not operate in-house?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> n.a.
7	Government strategy	Are there people in all relevant national ministries who will generate interest for the adoption and implementation of the solution?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> n.a.
		Is the government decentralized?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> n.a.
		If so, does the solution require different government representatives at multiple levels for budgeting, adoption, advertising, and implementation (if applicable)? Discuss who these people are.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> n.a.
		Does the government have a health strategy, and is this type of solution specifically addressed in that health strategy?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> n.a.
8	Policy and regulation	Are new laws and policies needed to support the telemedicine or health hotline solution implementation and management?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> n.a.
		Is the solution compatible with existing laws and policies?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> n.a.
		If not, is it possible or desirable to advocate for changes in laws and policies? (If not, replication of existing advocacy efforts should be reconsidered.)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> n.a.
9	Organization	Has the government considered what effective governance structures for solution management and operation are needed within this context/ country?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> n.a.
10	Monitoring and evaluation alignment	Are targets clearly articulated and agreed upon in writing by stakeholders?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> n.a.
		Do the indicators need to be rolled into specific reporting standards or systems (for example, District Health Information Software or other systems)?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> n.a.
		Is the ability to capture that information already available?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> n.a.
Total Yes:			
Total No:			
Total n.a.:			

ANNEX 7B. SERVICE PROVIDER–GOVERNMENT CHECK-IN CHECKLIST

Purpose: The Service Provider–Government Check-in Checklist gives service providers a basic list of items to discuss with the government during regular check-ins to ensure transparency and a strong working relationship. Having regular check-ins will help avoid misalignment of expectations.

Timing: The appointed service provider manager responsible for overseeing the implementation with the government program manager for the services from the government should use this checklist

- After having an established contract with the government;
- Weekly at the outset of the contract; and
- At least monthly (or in mutual agreement with the manager from the government) throughout the life of the contract.

Meetings would likely take anywhere from 30 minutes to one hour depending on how frequently they are held and how much discussion is needed to move things forward.

Instructions: The service provider manager should use this checklist when meeting with the government program manager. The checklist mostly provides a starting point for discussions and review of the planned work. It can be adapted in any way to fit the needs of the service provider and government.

QUESTION/ACTION POINT	NOTES
<i>Review of deliverables, work plan, and key performance indicators</i>	
• Review agreed-upon contractual deliverables and any next steps from the previous meetings (if applicable).	
• Review detailed work plans to meet the deliverables.	
• If implementation is under way, present basic, agreed-upon key performance indicators (monitoring and evaluation and quality assurance) or other relevant data, and allow for questions. Discuss any concerns and brainstorm possible improvements (for example, if the number of users is low, discuss how both parties, and other partners when possible, can help inform people about the service).	
• Ask: Are there any updates on the other service providers' (if applicable) deliverable progress (if there are dependencies)?	
• Ask: Have there been any changes in the government's five-year strategic plan for implementation of telemedicine or health hotline services? If the answer is yes, discuss how the changes affect the contract and deliverables.	
• Ask: Have there been any changes in the government's one-year implementation road map for telemedicine or health hotline services? If the answer is yes, discuss how the changes affect the contract and deliverables.	
<i>Health content and policy updates and changes</i>	
• Ask (if needed): What is the latest status of the _____ department's validation of the _____ content? When should we expect the final version for uploading and use? If this is delayed, discuss how that affects your (the service provider's) ability to meet contractual deadlines.	
• Ask: Have there been any recent health information or policy changes that we (the service provider) should be aware of and adjust in our services? If yes, discuss if the changes needed are in scope in the contract or out of scope for the contract, and what the next steps are to get the contract amended.	

continued

QUESTION/ACTION POINT	NOTES
<i>Finance/sustainability</i>	
<ul style="list-style-type: none"> • Ask: Has there been any progress on the government’s side regarding discussions with mobile network operators on zero-rating calls, providing short codes, or advertising the service (if applicable)? 	
<ul style="list-style-type: none"> • Ask (if needed): We (the service provider) submitted our invoice on _____. Is there anything else needed, and when can we expect the payment to go through? 	
<ul style="list-style-type: none"> • Ask (if needed and it is the appropriate time): Has the government managed to secure funding for next year’s implementation? If not, when will the meetings be held? Is there anything needed from us (the service provider) to expedite or help the process? 	
<i>General management coordination and next steps</i>	
<ul style="list-style-type: none"> • Ask: When is the next steering committee meeting, and is there anything we (the service provider) need to prepare in advance? If so, what is the format and time available, and who will be present? 	
<ul style="list-style-type: none"> • Circulate notes from the check-in to document next steps, timelines, and people responsible for those next steps, and send revised detailed work plans as needed. 	

REFERENCE

World Bank. 2023. *A Toolkit for Governments Planning National-Scale Telemedicine or Health Hotline Services*. Washington, DC: World Bank.

Conclusion

PLAN IMMEDIATE NEXT STEPS

Once the effort has reached Phase 4 (establish, implement, scale, and sustain services), the service provider should have in place a contract, a codeveloped implementation plan aligned with the government's strategy and road map, established quality assurance measures, and ongoing communication procedures. With all of these elements in place, service providers are ready to start implementing services. In Phase 4, it is critical to keep the following in mind:

- Because communication and documentation are key, establish a regular cadence of check-ins with the government.
- For sustainability, service providers need to advocate to be invited to and ensure consistent presence at the steering committee meetings and any other relevant technical working groups.
- Continued funding may require joint fundraising, so develop a plan for fundraising as needed beyond the initial contract.
- For a service to have an impact, people have to use it; develop an advertising plan with the government.
- Implement the services, and implement them well!

REACH OUT FOR SUPPORT

Beyond the information and activities provided in this toolkit, one of the best ways for service providers to learn about best practices, challenges, and sustainable approaches to working with governments is to talk to other service providers with experience contracting with the same government.

Sample Implementation Toolkit from Malawi's Health Center by Phone

Background: VillageReach created the Chipatala Cha Pa Foni (CCPF), or Health Center by Phone, Toolkit in collaboration with and for the Malawi Ministry of Health as part of solution transition. This toolkit provides the Ministry of Health with materials needed to operate and manage CCPF. It is divided into eight main sections, with two additional sections for appendixes and annexes. It has several standard operating procedures that could be used and adapted in any setting. Each main section has its own corresponding appendixes section. Electronic links are provided for both the main and appendixes section. Although this toolkit is specific to the CCPF in Malawi, it still provides governments with an understanding of what they need for ongoing implementation and management of the services and can be adapted to meet specific country needs. Note that in the Malawi model the government is the owner and manager. CCPF is operated in-house, though the government does contract with a service provider to maintain the software and has an agreement with Airtel, the mobile network operator, to zero-rate the calls.

The main standard operating procedures of the toolkit are available in PDF, but the related appendixes and tools are on the Trello board here: <https://trello.com/invite/accept-board>. It is open to anyone, but users must register first.

The QR code is also available below:



ECO-AUDIT

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The coronavirus (COVID-19) pandemic underscored the need for many countries to develop more effective and accessible primary health care systems, as well as more efficient ways to quickly disperse and collect health information. In particular, countries with low health care worker-to-population ratios, as well as large populations that do not live close to health centers, need better ways for their citizens to access health services.

Telemedicine or health hotline services have shown for more than 60 years that they can help people to receive accurate and timely health information and make informed decisions about when to seek treatment. These services offer the ability to provide health information and care remotely, thereby extending the reach of the health care system, improving efficiencies, and enhancing the quality of care.

Health services that are stewarded by governments and embedded into public health systems are more likely to sustain impact at scale. Government stewardship, however, benefits from private sector partnerships to help with implementation, scale, and sustainability. *Planning National Telemedicine and*

Health Hotline Services: A Toolkit for Service Providers Working with Governments is designed to guide service providers interested in working with governments to establish nationwide telemedicine or health hotline services. The range of private sector services includes call center service providers, teleconferencing software providers, data centers/ hosting providers, interactive voice response providers, hotline and reference software providers, software support service providers, and mobile network operators.

The toolkit provides guidance in four key areas:

- Engaging with governments
- Supporting governments' five-year strategies and one-year road maps
- Understanding technical considerations and producing realistic proposals and cost estimates
- Ensuring the ongoing success of solutions.

The success of these partnerships can lead to major advances in health services that reach more communities and help to ensure successful and sustainable nationwide services.

